

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762421

FILED
Mar 31, 2009
Secretary of State

Entity Name: MARION PERFORMING BALLET COMPANY

Current Principal Place of Business:

1713 SW 17TH ST.
OCALA, FL 34474

New Principal Place of Business:

1713 SW 17TH ST.
OCALA, FL 34471

Current Mailing Address:

1713 SW 17TH ST.
OCALA, FL 34474

New Mailing Address:

1713 SW 17TH ST.
OCALA, FL 34471

FEI Number: 59-1923455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, NICOLE M
1713 SW 17TH ST
OCALA, FL 34474 US

Name and Address of New Registered Agent:

BENSON, NICOLE M
1713 SW 17TH ST
OCALA, FL 34471 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WILLIAMS, BETTY
Address: 3521 SW 42ND ST
City-St-Zip: OCALA, FL 34447

Title: D () Delete
Name: BENSON, NICOLE M
Address: 1713 SW 17TH ST
City-St-Zip: OCALA, FL 34474

Title: PD () Delete
Name: BALIUS, CATHERINE
Address: 3963 SW 17TH LANE
City-St-Zip: OCALA, FL 34471

Title: V () Delete
Name: BRIGGS, DIANA
Address: 3385 SW 17TH AVE
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: LAZO, SALLY
Address: 645 SW 48TH ST RD
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WILLIAMS, BETTY
Address: 3521 SW 42ND ST
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: BENSON, NICOLE M
Address: 1713 SW 17TH ST
City-St-Zip: OCALA, FL 34471

Title: PD (X) Change () Addition
Name: SOKOL, PATRICIA
Address: 6331 PECAN COURSE
City-St-Zip: OCALA, FL 34472

Title: V (X) Change () Addition
Name: MUTARELLI, MARY BETH
Address: 1308 SE 14TH ST
City-St-Zip: OCALA, FL 34471

Title: S (X) Change () Addition
Name: PLAZARIN, CORISSA L
Address: 10775 SE 45TH AVENUE
City-St-Zip: BELLEVIEW, FL 34420

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY J WILLIAMS

TD

03/31/2009

Electronic Signature of Signing Officer or Director

Date