

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007016

FILED
Jan 28, 2009
Secretary of State

Entity Name: FLORIDA CLASSICAL BALLET THEATRE, INC.

Current Principal Place of Business:

10357 IRONWOOD ROAD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

10357 IRONWOOD ROAD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 82-0569013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, COLLEEN M
14176 WIND FLOWER DRIVE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, COLLEEN M
Address: 14176 WIND FLOWER DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: EMERSON, TAMMY Z
Address: 458 WOODVIEW CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: FABER, ANN
Address: 183 BENT TREE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: COLLEEN SMITH

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date