FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:25

DOCUMENT # **N06161** **(6)**

1. Corporation Name
FLORIDA BALLET ARTS FOUNDATION, INC.

Principal Place of Business	Mailing Address
501 NO BENEVA RD STE 700 SARASOTA FL 34232 US	501 NO BENEVA RD STE 700 SARASOTA FL 34232 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2464859 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

PULLMAN, PATRICIA
520 BOWSPRIT LN
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name: Jolley Siegwald
82 Street Address (P.O. Box Number is Not Acceptable): 4175 Keats Dr.
83
84 City: Sarasota FL 85 Zip Code: 34241

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jolley Siegwald — DATE: 4/3/95
Signature required or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE	DP	☑ Change ☐ Addition
NAME	DONNELLY, ANN	12 NAME	Donnelly, Ann	
STREET ADDRESS	2314 TULIP ST.	13 STREET ADDRESS	2314 Tulip St.	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	TD	21 TITLE	TD	☑ Change ☑ Addition
NAME	PULLMAN, PATRICIA	22 NAME	Siegwald, Jolley	
STREET ADDRESS	520 BOWSPRIT LN	23 STREET ADDRESS	4175 Keats Dr.	
CITY-ST-ZIP	LONGBOAT KEY FL	24 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	FREEDOM, KIM	32 NAME		
STREET ADDRESS	3515 GLENNA LN.	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	DS	☑ Change ☑ Addition
NAME	WINSLOW, LYNN G.	42 NAME	Clifton, Becky	
STREET ADDRESS	5018 COMMONWEALTH DRIVE	43 STREET ADDRESS	338 Whispering Oaks Ct.	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	D	51 TITLE	DV	☐ Change ☑ Addition
NAME	MIANK, DARLENE	52 NAME	Dean, Janice	
STREET ADDRESS	4324 - 47TH ST.	53 STREET ADDRESS	500 N. Jefferson Ave. #I-2	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	D	61 TITLE	Delete	☐ Change ☐ Addition
NAME	MALTBY, PAM	62 NAME		
STREET ADDRESS	3283 TOBERO LN.	63 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jolley Siegwald — 4/4/95 — 813-361-6322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083340