

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06161 (6)

1. Corporation Name

FLORIDA BALLET ARTS FOUNDATION, INC.



Principal Place of Business

501 NO BENEVA RD
STE 700
SARASOTA FL 34232
US

Mailing Address

501 NO BENEVA RD
STE 700
SARASOTA FL 34232
US

3. Date Incorporated or Qualified
11/14/1984

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2464859

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGWALD, JOLLEY
4175 KEATS DR
SARASOTA FL 34241

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME DONNELLY, ANN
STREET ADDRESS 2314 TULIP ST.
CITY-ST-ZIP SARASOTA FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME PULLMAN, PATRICIA
STREET ADDRESS 520 BOWSPRIT LN
CITY-ST-ZIP LONGBOAT KEY FL ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Cash, RICHARD
2.3 STREET ADDRESS 3310 Gerhardt
2.4 CITY-ST-ZIP Sarasota, FL

TITLE D
NAME FREEDOM, KIM
STREET ADDRESS 3515 GLENNA LN.
CITY-ST-ZIP SARASOTA FL ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME KAULENS, NANCY
3.3 STREET ADDRESS 2944 Greenbriar
3.4 CITY-ST-ZIP SARASOTA, FL

TITLE D
NAME WINSLOW, LYNN G.
STREET ADDRESS 5018 COMMONWEALTH DRIVE
CITY-ST-ZIP SARASOTA FL ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MIANK, DARLENE
STREET ADDRESS 4324 - 47TH ST.
CITY-ST-ZIP SARASOTA FL ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD
NAME SIEGWALD, JOLLEY
STREET ADDRESS 4175 KEATS DR
CITY-ST-ZIP SARASOTA FL ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

941-361-6322

Date

Daytime Phone #

CR2E037 (12/95)