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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 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 04/11/1996

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

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  
SIEGWALD, JOLLEY  
4175 KEATS DR  
SARASOTA FL 34241

10. Name and Address of New Registered Agent  
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 (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS  
TITLE DP  
NAME DONNELLY, ANN  
STREET ADDRESS 2314 TULIP ST.  
CITY-ST-ZIP SARASOTA FL  
TITLE D  
NAME CASH, RICHARD  
STREET ADDRESS 3310 GERHARDT  
CITY-ST-ZIP SARASOTA FL  
TITLE VD  
NAME KAULENS, NANCY  
STREET ADDRESS 2944 GREENBRIAR  
CITY-ST-ZIP SARASOTA FL  
TITLE TD  
NAME SIEGWALD, JOLLEY  
STREET ADDRESS 4175 KEATS DR  
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 Jolley Siegwald 3/13/97 941-371-7149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062935

CR2E037 (9/96)