

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90248 039 ****61.25

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04212006 Chg-NP CR2E037 (11/05)

DOCUMENT # N06161					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2464859	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JO-PRESSMAN, MARY PO BOX 17141 7454 PALMER GLEN CIRCLE SARASOTA, FL 34240				Name <u>MARY JO PRESSMAN</u> Street Address (if P.O. Box Number is Not Acceptable) <u>PO BOX 17141</u> <u>7454 PALMER GLEN CIRCLE</u> City <u>SARASOTA</u> FL Zip Code <u>34276</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and the filer (see 6010) (NOTE: Registered Agent signature required when re-statuting)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESSMAN, EVAN		NAME	<u>BAEZ, ROSE</u>	
STREET ADDRESS	PO BOX 17141		STREET ADDRESS	<u>8982 BLOOMFIELD BLVD</u>	
CITY, ST, ZIP	SARASOTA, FL 34240		CITY, ST, ZIP	<u>SARASOTA, FL 34238</u>	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCK, MARGARET		NAME		
STREET ADDRESS	3716 COUNTRYSIDE ROAD		STREET ADDRESS		
CITY, ST, ZIP	SARASOTA, FL 34233		CITY, ST, ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESSMAN, MARY JO		NAME		
STREET ADDRESS	PO BOX 17141		STREET ADDRESS		
CITY, ST, ZIP	SARASOTA, FL 34276		CITY, ST, ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSER, JENNIFER		NAME		
STREET ADDRESS	1941 BRIAR CREEK PLACE		STREET ADDRESS		
CITY, ST, ZIP	SARASOTA, FL 34235		CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mary Jo Pressman</u>		Treasurer		5/1/06 941-378-2424	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		State Phone #	