

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006190

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: WORLD BALLET, INC.

**Current Principal Place of Business:**

420 NORTH ADAMS STREET  
UNIT 206  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

2518 CATHAY COURT  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

420 NORTH ADAMS STREET  
UNIT 206  
TALLAHASSEE, FL 32301

**New Mailing Address:**

2518 CATHAY COURT  
TALLAHASSEE, FL 32308

FEI Number: 26-2939376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERNANDEZ, HENRY  
420 NORTH ADAMS STREET  
UNIT 206  
TALLAHASSEE, FL 32301 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: P/D ( ) Delete  
Name: LIVINGSTON, SONYA  
Address: P.O. 14975  
City-St-Zip: TALLAHASSEE, FL 32317

Title: S/D ( ) Delete  
Name: HERNANDEZ, HENRY  
Address: 420 NORTH ADAMS STREET, UNIT 206  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP/D ( ) Delete  
Name: CLEAVINGER, DIANE  
Address: 199 CHAFF CHASON LANE  
City-St-Zip: QUINCY, FL 32352

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LIVINGSTON, SONYA  
Address: P.O. 14975  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Change ( ) Addition  
Name: HERNANDEZ, HENRY  
Address: 420 NORTH ADAMS STREET, UNIT 206  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change ( ) Addition  
Name: CLEAVINGER, DIANE  
Address: 199 CHAFF CHASON LANE  
City-St-Zip: QUINCY, FL 32352

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: DIANE CLEAVINGER

D

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date