

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003139

FILED
Apr 29, 2011
Secretary of State

Entity Name: FLORIDA FESTIVAL BALLET, INC.

Current Principal Place of Business:

884 BILTMORE STREET
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

884 SW BILTMORE STREET
PORT SAINT LUCIE, FL 34983
PORT ST LUCIE, FL 34983 US

Current Mailing Address:

884 BILTMORE STREET
PORT ST LUCIE, FL 34983 US

New Mailing Address:

884 SW BILTMORE STREET
PORT SAINT LUCIE, FL 34983
PORT ST LUCIE, FL 34983 US

FEI Number: 27-2227423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OQUENDO, LYDIA
884 BILTMORE STREET
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

OQUENDO, LYDIA MRS.
884 SW BILTMORE STREET
PORT SAINT LUCIE, FL 34983
PORT ST LUCIE, FL 34983 US

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: LYDIA OQUENDO

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D P
Name: OQUENDO, LYDIA MRS.
Address: 884 SW BILTMORE STREET
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: D VP
Name: CORRALES, ROGELIO MR.
Address: 884 SW BILTMORE STREET
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: D
Name: HUGHES FERAY, JEAN MR.
Address: 884 SW BILTMORE STREET
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: S
Name: BERNINI, MICHELLE
Address: 884 SW BILTMORE STREET
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: DP
Name: OQUENDO, LYDIA
Address: 884 SW BILTMORE ST.
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: DP
Name: OQUENDO, LYDIA
Address: 884 SW BILTMORE ST.
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

I hereby 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 all other like empowered.

SIGNATURE: LYDIA OQUENDO

DP

04/29/2011

Electronic Signature of Signing Officer or Director

Date