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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19134**

1. Corporation Name

THE BALLET SOCIETY FOR BALLET EDUCATION, INC.

Principal Place of Business	Mailing Address
215 FIRST STREET N.E. ST. PETERSBURG FL 33701	215 FIRST STREET N.E. ST. PETERSBURG FL 33701

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 559 MIRROR LAKE DR	26 559 MIRROR LAKE DR	02/09/1987
Suite, Apt. #, etc. 22 ST. PETERSBURG, FLA.	Suite, Apt. #, etc. 27 ST. PETERSBURG FLA	4. FEI Number 59-2863592 ☐ Applied For ☐ Not Applicable
City & State 23 33701 USA	City & State 28 33701 USA	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KINKAID, JAMIE J 11397 HAMLIN BLVD. LARGO FL 33774	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEVY, GAEA 40 DAVIS BLVD. TAMPA FL 33606	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COWEN, JACQULINE 2564 62ND AVE. S. ST. PETERSBURG FL 33712	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARRY, MERLE 701 MIRROR LAKE DR. ST. PETERSBURG FL 33701	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	SECRETARY JAMIE KINKAID 11397 HAMLIN Blvd. LARGO, FLA. 33774	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARRY, M.A. 145 4TH AVENUE N.E. ST. PETERSBURG FL	☒ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	2ND VD FRANCES CATO 5700 GLOVE St; S. St. PETERSBURG, FLA 33705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KERSKER, PETER 208 BEACH DRIVE ST. PETERSBURG FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD Debbie Sorrentino 2280 E. 113th Ave Tampa Fla 33612	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYNES, WATSON P.O. BOX 1273 ST. PETERSBURG FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: Jamie Kinkaid SIGNATURE REQUIRED 4/26/99 727-827-3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)