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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N28437

1. Corporation Name
CHILDREN'S BALLET THEATER, INC.

363821 - 90189 - 40

Principal Place of Business	Mailing Address
P.O. BOX 14632 N PALM BCH FL 33408 US	P.O. BOX 14632 N PALM BCH FL 33408 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/20/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0072072 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate 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

DESANTIS, CONRAD J
1125 COUNTRY CLUB DR
N PALM BCH FL 33408

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	MORTON-ZUBER, DEDE	
STREET ADDRESS	10785 PASO FINO DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DT	☒ DELETE
NAME	DICOCCO, JODI	
STREET ADDRESS	135 CAPE POINTE CIRCLE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	DS	☐ DELETE
NAME	ROBBINS, HORTENSIA	
STREET ADDRESS	6334 FOSTER ST	
CITY-ST-ZIP	JUPITER FL 33418	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT (PD)	☒ Change ☐ Addition
1.2 NAME	ROBERTA JURNEY	
1.3 STREET ADDRESS	9061 CYPRESS HOLLOW DR	
1.4 CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
2.1 TITLE	TREASURER (DT)	☒ Change ☐ Addition
2.2 NAME	FORREST JURNEY	
2.3 STREET ADDRESS	9061 CYPRESS HOLLOW DR	
2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
3.1 TITLE	SECRETARY (DS)	☐ Change ☐ Addition
3.2 NAME	ROBBINS, HORTENSIA	
3.3 STREET ADDRESS	6334 FOSTER ST	
3.4 CITY-ST-ZIP	JUPITER FL 33418	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED — 4-2-99 — 561-630-6361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)