## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31314

(0)

THE TAMPA CHILDREN'S BALLET THEATRE, INC.													
Principa	1 Place of Busines	SS	Mailing Address					1 11 11 11			111 <b>111</b> 11 11	OU CHEM OLON S	1841 <b>-</b> 01911 1881
7223 NOI TAMPA F	RTH MANHATTAN ( L 33614	AVENUE	7223 NORTH MANHATTAN AVENUE TAMPA FL 33614-3701										
								3. Date inco 03/2	propressed or Q 2/1989	ualified	3a, D	oate of Last F 04/22/19	
2. Principal Place of Business			2a. Mailing Address					4. FEI Numi	Der 1670EEA			- As	pplied For
21			26					28-4	678550				ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificat	e of Status De	sired		•	Additional
22 City & State			City & State					5 50 00					equired
23			28				ľ		Campaign Fina d Contribution	•	П		May Be to Fees
Zip	ip Country		Zip Counti			,	This corporation has liability for intangible tax under s						
24	25		29 30			Florida Statutes					, 155.052,		
	9, Name	and Address of Curre	ent Registered Agent	la	<u> </u>			10. Name ar	d Address of	New Re	gistered	Agent	
					61	Name							
RO	QUE, MARISEL	Ą		ļ.			et Address (P.O. Box Number is Not Acceptable)						
	17 PLEASANT L					0.000		eas (F.O. Box Number is Not Acceptable)					
TAI	MPA FL 33602				83	]							
					84	City						<b>85</b> Zip	Code
											<u>FL</u>	<b>_  </b>   `	
11. Pur offic age	suant to the provis be or registered a ent. I am familiar w	sions of Sections 617.05 gent, or both, in the Stal vith, and accept the obli	502 and 617.1508, Florida Stat te of Florida. Such change wa igations of, Section 617.0503,	tutes, the a s authorize Florida Sta	bove d by tutes	e-named y the corp s.	corpora coration	ation submits n's board of di	this statement rectors, I here	for the p by accer	urpose of the app	of changing i pointment as	ts registered registered
SIGNAT	URE												
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere  12. OFFICERS AND DIRECTORS 13.						ent signature	required v		S/CHANGES	O DEELO	DATE	D DIDECTOR	2C IN 12
TITLE	PD	OF TOURS A										Change	Addition
NAME	ROQUE, MARISELA				AME //		Ma	risela	Roque- C	$\epsilon \rho \epsilon R$	0	- onango	rried
STREET AD		LEASANT LAKE DR.			1.3 STREET ADDRESS		1498	24 ROCK	y ledge	DA	2.	140	" we
CITY-ST-2					1.4 CITY-ST-ZIP		Ta	lmpa	FL 3	362	S	1	Va'
TITLE	VD		☐ DELETE	2.1 T(	TLE							Change	Addition
NAME	ROQUE	, MERCEDES		2.2 N	AME								
STREET AD		LEASANT LAKE DR.		2.3 STREET		ADDRESS							
CITY-ST-Z	TAMPA	FL		2 4 0	:ITY-5	ST - ZIP							
TITLE	D		DELETE	3.1 TI	TLE							☐ Change	Addition
NAME	ROQUE, MARIA			3.2 N	AME		ı						
STREET AD			3.3			ADDRESS							
CITY-ST-	ZIP TAMPA	FL				ST-ZIP							
TITLE	J		☐ DELETE	4.1 TI								L.) Change	Addition
MAME				4.21									
STREET AD	1					ADDRESS							
CITY-ST-7	TIP		☐ DELETE			T-ZIP						Change	- Addition
NAME			i beceit	5.1 TI 5.2 N								∟ Change	☐ Addition
	nacce					. VDDpcee							
STREET AD						ADDRESS							
CITY-ST-Z			☐ DELETE	5,4 U		T-ZIP				<del></del>		Change	Addition
NAME		•	بالمعدد بــ	6.2 N		ļ	i					v.m.yu	/ 10d1(10)1
STREET AD	DRESS					ADDRESS							
CITY-ST-2	1			6.4 C			:						
14, 1 do	hereby certify the	at the information suppl	ed with this filing does not qu	ality for the	exe	mption st	tated in	Section 119.	07(3)(i), Florid	a Statute:	s.   furthe	er certify that	the
info I <b>a</b> n <b>a</b> pp	irmation indicated n an officer or dire bears in Block 12 i	on this annual report or ector of the corporation or Block 13 if changed,	r supplemental annual report i or the receiver or trustee emp or on an attachment with an a	s true and a owered to e address.	accu exec	urate and oute this re	that my eport a	y signature st is required by	nail have the s Chapter 617,	ame lega Florida S	i effect a tatutes; a	is if made un and that my r	ider oath; that name