

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31605

FILED
Jan 07, 2008
Secretary of State

Entity Name: SARASOTA BALLET OF FLORIDA, INC.

Current Principal Place of Business:

5555 N. TAMIAMI TRAIL
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

5555 N. TAMIAMI TRAIL
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 65-0135900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGAN, ANN E
5555 N. TAMIAMI TRAIL
SARASOTA, FL 34243 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: PRES () Delete
Name: CIARAVELLA, RONALD D
Address: 3535 BAYOU LOUISE LANE
City-St-Zip: SARASOTA, FL 34242

Title: VP () Delete
Name: MUIR, DIANE
Address: PO BOX 8660
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TRES () Delete
Name: LANDAU, LEONARD
Address: 3518 FAIR OAKS LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SEC () Delete
Name: STEELE, HILLARY
Address: 8213 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: AD () Delete
Name: DE WARREN, ROBERT
Address: 209 BIRD KEY DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: ED () Delete
Name: LOGAN, ANN E
Address: 4028 ROBERTS POINT ROAD
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PFAHLER, CHRISTINA
Address: 919 CHICKADEE DRIVE
City-St-Zip: VENICE, FL 34292

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AD (X) Change () Addition
Name: WEBB, IAIN
Address: UNIVERSITY PARK DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANN E. LOGAN

ED

01/07/2008

Electronic Signature of Signing Officer or Director

Date