

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90094 047 ****61.25

DOCUMENT # N33777

1. Corporation Name

FIRST COAST NUTCRACKER BALLET, INC.

Principal Place of Business

300 W WATER ST
SUITE 200
JACKSONVILLE FL 32202
US

Mailing Address

117 WEST DUVAL STREET
SUITE 480. CITY HALL
JACKSONVILLE FL 32202
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/17/1989

4. FEI Number

59-2984218

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WELCH, THOMAS R.
117 WEST DUVAL STREET, STE 480 CITY HALL
220 EAST BAY STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name **Gary Good**
82 Street Address (P.O. Box Number is Not Acceptable)
300 W. Water St.
83 **Suite 200**
84 City **Jacksonville** FL 85 Zip Code
32202

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KELLY, JOHN MRS**
STREET ADDRESS **4725 LONG BOW RD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ DELETE
NAME **MUNZ, MICHAEL**
STREET ADDRESS **117 W DUVAL STREET, STE 400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☒ DELETE
NAME **GILLIS, LINDA**
STREET ADDRESS **300 W WATER STREET, STE 200**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ DELETE
NAME **BOWRON, JOHN MRS**
STREET ADDRESS **12636 SHINNECOCK WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☐ DELETE
NAME **EVANS, RANDALL MRS**
STREET ADDRESS **3577 RICHMOND STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☐ DELETE
NAME **FREELAND, MARY**
STREET ADDRESS **421 WEST CHURCH ST**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **GOOD, GARY**
3.4 CITY-ST-ZIP **300 W. WATER STREET, SUITE 200**
Jacksonville, FL 32202

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97

Date

Daytime Phone #

CR2E037 (11/98)

0003871