# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2006**
**Secretary of State**

DOCUMENT# N33777

**Entity Name:** FIRST COAST NUTCRACKER BALLET, INC.

**Current Principal Place of Business:**

300 W WATER ST
SUITE 200
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 W WATER ST
SUITE 200
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**FEI Number: 59-2984218** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, DELEAH
300 W WATER ST
STE 200
JACKSONVILLE, FL 32202 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: D ( ) Delete
Name: HOPPER, ALAN
Address: 300 W WATER ST STE 200
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: KELLE, SUSAN
Address: 4725 LONG BOW RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: WELCH, TOM
Address: 2831 TALLBYRAND AVE
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete
Name: PELTOR, SUSAN
Address: 117 W DUVAL ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: ASHLEY, SUE
Address: 300 W. WATER ST., STE 200
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: MARTIN, DELEAH
Address: 300 W. WATER ST.
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DELEAH MARTIN D 04/04/2006
Electronic Signature of Signing Officer or Director — Date