

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33777

FILED
Jun 10, 2009
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

GIBSON, GAIL
300 W WATER ST
STE 200
JACKSONVILLE, FL 32202 US

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: GAIL GIBSON

06/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLMES, LINDA
Address: 300 W WATER ST STE 200
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: D () Delete
Name: DOERR, STEPHANIE
Address: 300 W WATER STREET SUITE 200
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: RIDENOUR, STACEY
Address: 300 W WATER STREET SUITE 200
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: GIBSON, GAIL
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: D (X) Change () Addition
Name: LEHNARTZ, AMERICA
Address: 2649 L'ATRIUM CIRCLE S
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: D (X) Change () Addition
Name: HIBBARD, SANDI
Address: 4636 HARBOUR NORTH CT.
City-St-Zip: JACKSONVILLE, FL 32225

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: GAIL GIBSON

T

06/10/2009

Electronic Signature of Signing Officer or Director

Date