# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2010**
**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 (X)**

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

GIBSON, GAIL
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: P
Name: HOLMES, LINDA
Address: 300 W WATER ST STE 200
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: LEHNARTZ, AMERICA
Address: 2649 L'ATRIUM CIRCLE S
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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

Title: T
Name: GIBSON, GAIL
Address: 300 W. WATER ST., STE 200
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: HIBBARD, SANDI
Address: 4636 HARBOUR NORTH CT.
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: GAIL M. GIBSON TRES 03/25/2010

Electronic Signature of Signing Officer or Director — Date