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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000884 (4)

1. Corporation Name

JACKSONVILLE BALLET THEATRE, INC.



Principal Place of Business

Mailing Address

10151 DEERWOOD PARK BLVD.
BLDG. 100, SUITE 200
JACKSONVILLE FL 32256

10151 DEERWOOD PARK BLVD.
BLDG. 100, SUITE 200
JACKSONVILLE FL 32256-0557

3. Date Incorporated or Qualified
02/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DILLINGHAM, PHILLIP I
10151 DEERWOOD PARK BLVD.
BLDG. 100, SUITE 200
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COFFMAN, MICHAEL E
STREET ADDRESS 1828 SAN MARCO PLACE
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE TD
NAME MELLION, DORIS
STREET ADDRESS 1235 ORIENTAL GARDENS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE D
NAME ANAYA, DULCE
STREET ADDRESS 5516 KEYSTONE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32207

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME PEREZ, MILLIE C
STREET ADDRESS 3840 COPPER CIRCLE WEST
CITY-ST-ZIP JACKSONVILLE FL 32207

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME STRICKLAND, LINDA
STREET ADDRESS 563 BLANDING BLVD #108
CITY-ST-ZIP ORANGE PARK FL 32073

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VD
NAME DILLINGHAM, PHILLIP I
STREET ADDRESS 10151 DEERWOOD PK BLVD BLDG 100 STE 200
CITY-ST-ZIP JACKSONVILLE FL 32256

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.1.97

Date

Daytime Phone # 904-396-5785

CR2E037 (9/96)