

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 X

2. Principal Place of Business

21 c/o Lisa Travis

22 Suite, Apt. #, etc.
2061 Matefield Road

23 City & State
Jacksonville Florida

24 Zip
32225

Country

2a. Mailing Address

26 c/o Lisa Travis

27 Suite, Apt. #, etc.
2061 Matefield Road

28 City & State
Jacksonville, Florida

29 Zip
32225

Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/16/1996

4. FEI Number

59-3362783

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

James V. Walker

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

83

217 Ponte Vedra Park Blvd. Suite 200

84 City

Ponte Vedra Beach

FL

85 Zip Code

32082

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

James V. Walker

7-8-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

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

☐ DELETE

TITLE

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

☐ DELETE

TITLE

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

☐ DELETE

TITLE

SD
NAME
PEREZ, MILLIE C
STREET ADDRESS
7837 LOS ROBLES CR.
CITY-ST-ZIP
JACKSONVILLE FL 32256

☐ DELETE

TITLE

D
NAME
STRICKLAND, LINDA
STREET ADDRESS
563 BLANDING BLVD #106
CITY-ST-ZIP
ORANGE PARK FL 32073

☐ DELETE

TITLE

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

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

Dulce Anaya

7-11-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)