

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 01, 1999 8:00 am  
Secretary of State

09-01-1999 90001 005 \*\*\*\*61.25

DOCUMENT # N96000000884

1. Corporation Name

JACKSONVILLE BALLET THEATRE, INC.

Principal Place of Business

C/O LISA TRAVIS  
2061 MATEFIELD ROAD  
JACKSONVILLE FL 32225  
US

Mailing Address

C/O LISA TRAVIS  
2061 MATEFIELD ROAD  
JACKSONVILLE FL 32225  
US

DULCE ANAYA, DIRECTOR

2. Principal Place of Business

21 JACKSONVILLE BALLET THEATRE

2a. Mailing Address

26 P.O. BOX 47215

Suite, Apt. #, etc.

22 10351 ATLANTIC CIRCLE

Suite, Apt. #, etc.

27 JACKSONVILLE, FL.

City & State

23 JACKSONVILLE FL.

City & State

28 32247.

Zip Country

24 32246 25

Zip Country

29 30

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

9. Name and Address of Current Registered Agent

WALKER, JAMES V  
217 PONTE VEDRA PARK BLVD, STE 200  
BLDG. 100, SUITE 200  
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name

DULCE ANAYA

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

5516 KEYSTONE DR. SOUTH

83

JACKSONVILLE

84 City

FL

85 Zip Code

32207

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

Dulce Anaya

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

(NOTE: Registered Agent signature required when reinstating)

Aug 25/99

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE SD ☐ DELETE  
NAME PEREZ, MILLIE C  
STREET ADDRESS 7937 LOS ROBLES CR.  
CITY-ST-ZIP JACKSONVILLE FL 32256

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

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

13. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DR. SUSAN SNODGRASS ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4591 GLEN KERNAN PARKWAY EAST  
1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32224

2.1 TITLE TD MARIA VERGARA ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 7701 BAY MEADOWS CIR. W. #1052  
2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32256

3.1 TITLE D DULCE ANAYA ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 5516 KEYSTONE DR. SOUTH  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

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

5.1 TITLE D FRED FAVORITE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 8618 HUNTERS GROVE RD.  
5.4 CITY-ST-ZIP JACKSONVILLE, FL. 32256

6.1 TITLE D ERIK HART ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 128 EAST FORSYTHE  
6.4 CITY-ST-ZIP JACKSONVILLE, FL. 32202

14. I 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, with all other like empowered.

SIGNATURE:

Dulce Anaya  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dulce Anaya AUG 25/99 (904)3965893

CR2E037 (5/99)