2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State
07-19-2005 90036 015 ****70.00

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1. Entity Name
JACKSONVILLE BALLET THEATRE, INC.

Principal Place of Business	Mailing Address
JACKSONVILLE BALLET THEATRE 10131 ATLANTIC BLVD JACKSONVILLE, FL 32225 US	PO BOX 47215 JACKSONVILLE, FL 32247 US

JUU33986

07142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3362783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DULCE, ANAYA 5516 KEYSTONE DR SOUTH JACKSONVILLE, FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SNODGRASS, SUSAN 4591 GLEN KERNAN PKWY EAST JACKSONVILLE, FL 32224	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ERIC SHULTZ 5300 SAN JUAN AVE JACKSONVILLE, FL. 32210	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANAYA, DULCE 5516 KEYSTONE DR SOUTH JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED HILLARD, CHRIS 8762 FALCONTRACE DR. N JACKSONVILLE, FL 32222	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TED DULCE ANAYA 5516 KEYSTONE DR. S JACKSONVILLE, FL. 32207	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FAVORITE, FRED 100 TARRAGONA WAY DAYTONA BEACH, FL 32118T	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEVITZ, KATE 3556 BOONE PARK AVE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAMIREZ, SUZANNE 341 EAST45TH JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dulce Anaya July 15, 2005 (904)7277515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #