2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000884

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

04282006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3382783
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DULCE, ANAYA
5516 KEYSTONE DR SOUTH
JACKSONVILLE, FL 32207

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHULTZ, ERIC
STREET ADDRESS	5300 SAN JUAN AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	T
NAME	ANAYA, DULCE
STREET ADDRESS	5516 KEYSTONE DR SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	TED
NAME	ANAYA, DULCE
STREET ADDRESS	5516 KEYSTONE DR S
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	FAVORITE, FRED
STREET ADDRESS	100 TARRAGONA WAY
CITY-ST-ZIP	DAYTONA BEACH, FL 32118T
TITLE	S
NAME	LEVITZ, KATE
STREET ADDRESS	3556 BOONE PARK AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	S
NAME	RAMIREZ, SUZANNE
STREET ADDRESS	341 EAST45TH
CITY-ST-ZIP	JACKSONVILLE, FL 32208

U00000557375
05/17/06-80049-004 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 DULCE ANAYA EXECUTIVE DIR. April 29/06 (904) 727 7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Check # 1159 Apr. 29/06 #70.00