2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N96000000884

Entity Name: JACKSONVILLE BALLET THEATRE, INC.

Current Principal Place of Business:

10131 ATLANTIC BLVD.
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

10131 ATLANTIC BLVD.
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3362783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DULCE, ANAYA
5516 KEYSTONE DR SOUTH
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SUTTON, DAVID R JR.
Address: 1135 BROOKWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: ANAYA, DULCE
Address: 5516 KEYSTONE DR SOUTH
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D ( ) Delete
Name: FIX, SARAH
Address: 8667 HAMPSHIRE GLEN DR. S.
City-St-Zip: JACKSONVILLE, FL 32256

Title: T ( ) Delete
Name: GENOVA, DANIELA
Address: 12406 SUNCHASE DR.
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete
Name: MCQUIDDY, JULIE
Address: 4559 SWILCAN BRIDGE LN N
City-St-Zip: JACKSONVILLE, FL 32205

Title: V ( ) Delete
Name: GARMENDIA, JOSE
Address: 1858 MALLORY ST.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIELA GENOVA VP 01/29/2009
Electronic Signature of Signing Officer or Director Date