

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90740 037 \*\*\*\*70.00

**DOCUMENT # N96000000884**

1. Entity Name  
**JACKSONVILLE BALLET THEATRE, INC.**



Principal Place of Business  
**JACKSONVILLE BALLET THEATRE (THEATRE)**  
**10351 ATLANTIC CIRCLE**  
**JACKSONVILLE FL 32246**  
**US**

Mailing Address  
**PO BOX 47215**  
**JACKSONVILLE FL 32247**  
**US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**AT ROLANDS**  
**10131 ATLANTIC BLVD**

3. Mailing Address  
**PO BOX 47215, JACKSONVILLE**

Suite, Apt. #, etc.  
**JACKSONVILLE FL**

Suite, Apt. #, etc.  
**FLORIDA**

City & State

City & State

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

Zip **32225** Country **U.S.A.** Zip **32247** Country **U.S.A.**

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**

7. Name and Address of New Registered Agent  
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 **Dulce Anaya (DULCE ANAYA) EXECUTIVE DIRECTOR March 24/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25** 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNODGRASS, DR. SUSAN 4591 GLEN KERNAN PKWY EAST JACKSONVILLE FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYER, DENISE 109 FORMOSA PL PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED AVAYA, DULCE 5516 KEYSTONE DRIVE SOUTH JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAVORITE, FRED 8018 HUNTER GROVE RD JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASKIN, PAULA 74 1/2 SAN JUAN DR PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVAN, LEILA 3285 MARBON RD JACKSONVILLE FL 32223 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> SNODGRASS, DR. SUSAN 4591 GLEN KERNAN PKWY EAST JACKSONVILLE, FL. 32224 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> MILLIE PEREZ 7937 LOS ROBLES COURT JACKSONVILLE, FL. 32256 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXECUTIVE DIRECTOR</b> ANAYA, DULCE 5516 KEYSTONE DR. S. JACKSONVILLE, FL. 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FAVORITE, FRED</b> 8018 HUNTER GROVE, RD JACKSONVILLE, FL. 32256 (VICE-PRESIDENT) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> KAREN BASHAM 5885 EDEN FIELD ROAD APT G 9 JACKSONVILLE, FL. 32277 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HILLARD, CHRIS</b> 8762 FAIRWAYHURLOCK DR. JACKSONVILLE, FL. 32224 <b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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) EX. DIRECTOR JAN. 28, 2003 3965893** (904)

CR2E037 (10/02)