


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90474 001 ***361.25

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DOCUMENT # N96000001319			
1. Entity Name CIVIC BALLET OF VOLUSIA COUNTY, INC.			
Principal Place of Business 533 N NOVA RD STE 108 ORMOND BCH, FL 32174		Mailing Address 533 N NOVA RD STE 108 ORMOND BCH, FL 32174	
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 59-3371432		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HENSON, GLORIA 23 CHOCTAW TR ORMOND BCH, FL 32174		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$67.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSON, GLORIA	NAME	
STREET ADDRESS	23 CHOCTAW TR	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 32174	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, JEFF	NAME	
STREET ADDRESS	612 BOARSHEAD DR	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32127	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, TERRY	NAME	SUSAN H. COLEMAN
STREET ADDRESS	108 OAK LN	STREET ADDRESS	20 ELIZABETH LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, LORI	NAME	
STREET ADDRESS	28 SURFSIDE DR	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 32176	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	ED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKFORD, NOEL C	NAME	MICHELLE MARTIN
STREET ADDRESS	339 OCEANSHORE BLVD	STREET ADDRESS	56 N. ST. ANDREWS DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176	CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, BONNIE	NAME	
STREET ADDRESS	296 MILLVIEW CT	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	
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: <i>Susan H. Coleman</i>		Date: 4-29-2004 (328) 251-5513	
SUSAN H. COLEMAN			