


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000001319 1. Entity Name CIVIC BALLET OF VOLUSIA COUNTY, INC.	
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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
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DO NOT WRITE IN THIS SPACE

07072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3371432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENSON, GLORIA 23 CHOCTAW TR ORMOND BCH, FL 32174
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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, GLORIA 23 CHOCTAW TR ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, JEFF 812 BOARSHEAD DR PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLEMAN, SUSAN H 20 ELIZABETH LANE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, LORI 28 SURFSIDE DR ORMOND BCH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MARTIN, MICHELLE 56 N. ST ANDREWS DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENKINS, BONNIE 296 MILLVIEW CT ORMOND BEACH, FL 32174

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07/11/05-80001-008 61.25

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IN THIS SPACE**

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: Susan H Coleman 11/2005 (386) 257-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #