

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001319

FILED  
Jun 07, 2006  
Secretary of State

Entity Name: CIVIC BALLET OF VOLUSIA COUNTY, INC.

## Current Principal Place of Business:

533 N NOVA RD  
STE 108  
ORMOND BCH, FL 32174

## New Principal Place of Business:

## Current Mailing Address:

533 N NOVA RD  
STE 108  
ORMOND BCH, FL 32174

## New Mailing Address:

FEI Number: 59-3371432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HENSON, GLORIA  
23 CHOCTAW TR  
ORMOND BCH, FL 32174      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: D      ( ) Delete  
Name: HENSON, GLORIA  
Address: 23 CHOCTAW TR  
City-St-Zip: ORMOND BCH, FL 32174

Title: D      ( ) Delete  
Name: YATES, JEFF  
Address: 612 BOARSHEAD DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: TD      ( ) Delete  
Name: COLEMAN, SUSAN H  
Address: 20 ELIZABETH LANE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D      ( ) Delete  
Name: SMOAK, LORI  
Address: 28 SURFSIDE DR  
City-St-Zip: ORMOND BCH, FL 32176

Title: ED      ( ) Delete  
Name: MARTIN, MICHELLE  
Address: 56 N. ST ANDREWS DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD      ( ) Delete  
Name: JENKINS, BONNIE  
Address: 296 MILLVIEW CT  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD      (X) Change ( ) Addition  
Name: SWINBURNE, LORI  
Address: 195 RIVERSIDE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

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

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

Title: MD      (X) Change ( ) Addition  
Name: SPERBER, ELLEN  
Address: 68 BLAINE DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: D      (X) Change ( ) Addition  
Name: VICKIE, FOLEY  
Address: 11 RIVER RIDGE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN H. COLEMAN

TD

06/07/2006

Electronic Signature of Signing Officer or Director

Date