

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-12-2007 90081 038 ****61.25
N96000001319

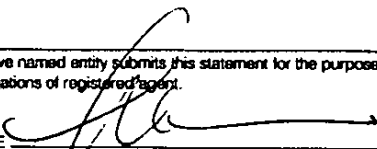
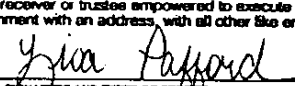
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA



01182007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box # 360 Tomoka Ave		3. Mailing Address PO Box 730651	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ormond Beach FL		City & State Ormond Beach FL	
Zip 32174	Country USA	Zip 32173	Country USA
4. FEI Number 59-3371432		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HENSON, GLORIA 23 CHOCTAW TR ORMOND BCH, FL 32174		7. Name and Address of New Registered Agent Name Liz Spiletic Street Address (P.O. Box Number is Not Acceptable) 9 Curved Creek Way City Ormond Beach FL Zip Code 32174	
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 3/7/07	
Filing Fee is \$61.25 Due by May 1, 2007		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	D	☒ Delete	
NAME	HENSON, GLORIA		
STREET ADDRESS	23 CHOCTAW TR		
CITY-ST-ZIP	ORMOND BCH, FL 32174		
TITLE	SD	☐ Delete	
NAME	SWINBURNE, LORI		
STREET ADDRESS	195 RIVERSIDE DRIVE		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		
TITLE	TD	☒ Delete	
NAME	COLEMAN, SUSAN H		
STREET ADDRESS	20 ELIZABETH LANE		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		
TITLE	D	☐ Delete	
NAME	SMAOK, LORI		
STREET ADDRESS	28 SURFSIDE DR		
CITY-ST-ZIP	ORMOND BCH, FL 32176		
TITLE	MD	☒ Delete	
NAME	SPERBER, ELLEN		
STREET ADDRESS	68 BLAINE DRIVE		
CITY-ST-ZIP	PALM COAST, FL 32137		
TITLE	D	☒ Delete	
NAME	VICKIE, FOLEY		
STREET ADDRESS	11 RIVER RIDGE TRAIL		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	☐ Change ☒ Addition	
NAME	Trish Chapman		
STREET ADDRESS	3 Creek Bluff Way		
CITY-ST-ZIP	Ormond Beach FL 32174		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TD	☐ Change ☒ Addition	
NAME	Lisa Pafford		
STREET ADDRESS	20 Foxhunter Flat		
CITY-ST-ZIP	Ormond Beach, FL 32174		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	MD	☐ Change ☒ Addition	
NAME	Liz Spiletic		
STREET ADDRESS	9 Curved Creek Way		
CITY-ST-ZIP	Ormond Beach FL 32174		
TITLE	D	☐ Change ☒ Addition	
NAME	Lisa Mirante		
STREET ADDRESS	302 Riverside Drive		
CITY-ST-ZIP	Ormond Beach FL 32176		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 due empowered.			
SIGNATURE:  Lisa Pafford		DATE 1/19/07 (386) 615-6653	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

As per telephone conversation
with Lisa Pafford

24/4