2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

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Entity Name: CIVIC BALLET OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

360 TOMOKA AVENUE
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

360 TOMOKA AVENUE
ORMOND BEACH, FL 32174 US

New Mailing Address:

P.O.BOX 730561
ORMOND BEACH, FL 32173 US

FEI Number: 59-3371432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAFFMAN, TRISH
3 CREEK BLUFF WAY
ORMOND BEACH, 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:	CHAFFMAN, TRISH	
Address:	3 CREEK BLUFF WAY	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	SD	( ) Delete
Name:	SWINBURNE, LORI	
Address:	195 RIVERSIDE DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32176 US	
Title:	TD	( ) Delete
Name:	PAFFORD, LISA	
Address:	20 FOXHUNTER FLAT	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	D	( ) Delete
Name:	SMOAK, LORI	
Address:	28 SURFSIDE DR	
City-St-Zip:	ORMOND BCH, FL 32176 US	
Title:	D	( ) Delete
Name:	MIRANTE, LISA	
Address:	202 RIVERSIDE DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32176 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: LISA PAFFORD T 01/07/2009

Electronic Signature of Signing Officer or Director — Date