

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 30 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004153

1. Corporation Name

BALLET THEATRE OF FLORIDA, INC.

Principal Place of Business

50 WEST GRANADA BLVD.
ORMOND BEACH FL 32174

Mailing Address

50 WEST GRANADA BLVD.
ORMOND BEACH FL 32174

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

59-3503700

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BRADSHAW, JANE K
50 WEST GRANADA BLVD.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

BOSWELL, JACK

STREET ADDRESS

264 TIMBERLINE TR

CITY-ST-ZIP

ORMOND BEACH FL 32174

TITLE

DV

☐ DELETE

NAME

EDWARDS, I.L. JR.

STREET ADDRESS

510 SOUTH BEACH ST.

CITY-ST-ZIP

ORMOND BEACH FL 32174

TITLE

DS

☐ DELETE

NAME

GLOVER, JANE

STREET ADDRESS

132 RIVERWALK COURT

CITY-ST-ZIP

ORMOND BEACH FL 32176

TITLE

DT

☐ DELETE

NAME

BRADSHAW, CAROLINE

STREET ADDRESS

22 COUNTRY CLUB DR.

CITY-ST-ZIP

ORMOND BEACH FL 32176

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sam Edwards, Jr.

SAMUEL LANE EDWARDS, JR.

9/27/99

252-4669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000822

CR2E037 (5/99)

Ballet Theatre Of Florida, Inc.

50 West Granada Blvd.
Ormond Beach, Florida 32174

September 27, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Attention: Ms. Kathy Hyman

Re: Delinquent Nonprofit Corporation Annual Report

Dear Ms. Hyman:

The purpose of this letter is to outline what we believe to be valid reasons for the late filings of this report and to request that the reinstatement fee of \$175.00 be waived.

To the best of my knowledge the original annual report form was misplaced by our organization's artistic director when it was received earlier this year simply because she did not understand the importance of the annual filing. The form which is enclosed was received by me on September 13, 1999 from our artistic director along with a question, "Do we need to do something with this?" Monday and Tuesday September 13th & 14th were spent packing personal and business records to safeguard them from the hurricane which found its way to Daytona on September 15th. As is so often the case "out of sight - out of mind", and the form did not resurface until today when I was unpacking some of my personal and business records. I hope you can understand that this report is delinquent is not as a result of intentionally ignoring the filing requirements and is the result from the circumstances described above and the fact that our organization is still in its infancy and is still learning what must be done to legally exist and function. I believe that I can safely assure you that the issue of a delinquently filed annual report will not be revisited in future years.

Even though Ballet Theatre of Florida was formed in July of 1997, very little activity has occurred other than the work of volunteers who provided many hours and largely spent their own personal funds to increase public awareness of the art of ballet in central Florida.

On behalf of Ballet Theatre of Florida, Inc., I respectfully request that the \$175.00 additional reinstatement fee be waived and that you accept this report as if it had been filed on or before September 15, 1999. I thank you in advance for your consideration of our request and what I hope will be your agreement with the request.

Sincerely
Ballet Theatre of Florida, Inc.



I. Lane Edwards, Jr., Vice President