

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1998 8:00am
Secretary of State

001113

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005843 (4)

1. Corporation Name

TAMPA BAY REPERTORY BALLET, INC.

Principal Place of Business

Mailing Address

23529 BELLAIRE LOOP
LAND O' LAKES FL 34639

23529 BELLAIRE LOOP
LAND O' LAKES FL 34639

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

59-3474098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTER, JAMES G
23529 BELLAIRE LOOP
LAND O' LAKES FL 34639

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PORTER, JAMES G	
STREET ADDRESS	23529 BELLAIRE LOOP	
CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PORTER, LILLIAN C	
STREET ADDRESS	23529 BELLAIRE LOOP	
CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BASIN, MICHAEL T	
STREET ADDRESS	1301 EASTWOOD DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BASIN, PATRICIA J	
STREET ADDRESS	1301 EASTWOOD DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLEMENT, KATHLEEN S	
STREET ADDRESS	184 NW LINCOLN CIRCLE	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CLEMENT, CURTIS C	
STREET ADDRESS	164 NW LINCOLN CIRCLE	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SECRETARY - DIRECTOR
5.3 STREET ADDRESS	JENNIFER L. PORTER
5.4 CITY-ST-ZIP	23529 BELLAIRE LOOP
5.5 CITY-ST-ZIP	LAND O' LAKE, FL 34639
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE:

Jennifer L. Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-98

Date

(813) 996-3731

Daytime Phone #

CP2E037 (5/98)