## NONPROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

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## Katherine Harris

Secretary of State

## FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90064 020 \*\*\*\*61.25

	1999	DIVISION OF CO	RPORATIONS			
DOCU	MENT # N97000	005843				
1. Corporation Name TAMPA BAY REPERTORY BALLET, INC.				* 5 6 3 5 3	9 +	
()				* 5 6 3 3 5 3 6 3 3 5 16		
Principal Place	e of Business	Mailing Address				
23529 BELLAIF		23529 BELLAIRE LOOP		E LOUBLITTE STOR FORME LETTE DELLE ADDITE ALIKE CETALL	ERRE <b>ena</b> l etak bar	L <b>ad</b> de la <b>d</b> i
LAND O'LAKE		LAND O'LAKES FL 34639				
·		•		r 1001116) one tenus seem cenus edus duum e	DYD) DIYAY ABIIY DAQ	PATRI HIN SATA
2. Principal P	Place of Business	2a. Mailing Address	<del></del>	3. Date Incorporated or Qualifed		7
21	<u> </u>	26	·	10/16/1997		
Suite, Apt.	#, etc.	Suite, Apt. #. etc.		4. FEI Number 59-3474098	<del> </del>	Applicable
22	<del></del>	City & State			\$8.75 A	
City & Stat	(8	_		-5. Certificate of Status Desired	Fee Rec	
Zip	Country		Country	6. Election Campaign Financing	\$5.00	May Re
24	25	29 30	5 <b>1</b>	Trust Fund Contribution	Added to	
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
		•	81 Name			
PORTER,	JAMES G		82 Street	Address (P.O. Box Number is Not Acceptable)		
	LLAIRE LOOP					
LAND O'L	AKES FL 34639		83			}
			84 City	FL	85 Zip C	ode
		1017 1500 51-51- 51-1-1-	1 1	F L	chanolog its i	registered
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State o	rand 617.1508, Florida Statutes. If Florida. Such change was auth	onized by the corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	intment as reg	istered
agent la	m famillar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes.			}
SIGNATURE	Signature, typed or printed name of registered agent	and tide if applicable. (NOTE: Re	gistered Agent signature	required when reinstating) DATE	<del></del>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	
TITLE	PD	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	PORTER, JAMES G	İ	12 NAME			1
STREET ADDRESS	23529 BELLAIRE LOOP		1.3 STREET ADDRESS			1
CITY-ST-ZIP	LAND O'LAKES FL 34639		1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE	₩ 5T	DELETE	2.1 TITLE	SECRETARY-TREMOUNDER-BIREM	4 (P)	
"NAME	PORTER, LILLIAN C	en e	22 NAME	PORTER LILLIAN O. 13529 BELLANCELOOF	11.	.
STREET ADDRESS	(		2.3 STREET ADDRESS 2.4 City-St-ZIP	LAND O'LAKES, FL 3463	I	ţ
CITY-ST-ZIP	LAND O'LAKES FL 34639	M DELETE	2.4 CIT-SI-ZIP	DIRECTOR (D)	Change	Addition
NAME	PORTER, JENNIFER L	<del>[ ]</del>	32 NAME	SUBREZ, NELSON		
STREET ADDRESS	1		3.3 STREET ADDRESS	1834 WOODCUT DAIVE		
CITY-ST-ZIP	LAND O' LAKES FL 34639		3.4, CITY-ST-ZIP	LU77 FL 33549		
TITLE	Date of Garage	☐ DELETE	4.1 TITLE	7	Change	☐ Addition
NAME		·	4.2 NAME	)		}
STREET ADDRESS	İ		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition 1
NAME			5.2 NAME	İ		
STREET ADDRESS	1		5.3 STREET ADDRESS	<b>l</b> ,		
CITY-ST-ZIP			SACITY-ST-ZIP		☐ Change	Addition
TITLE	}	☐ DELETE	6.1 TITLE 6.2 NAME	,		
NAME	l		6.2 NAME 6.3 STREET ADDRESS			
STREET ADDRESS				1		
CITY-ST-ZIP	L		6.4 CITY-ST-ZIP	Continue 440 07/09/0 Fluida Chables I Surbas an	elfication the int	

Thereby 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 informatic 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 eath; that it 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.

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