

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).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000006519 (9)

1. Corporation Name

RIVER CITY BALLET AND DANCE PRODUCTIONS, INC.

Principal Place of Business

4970 TOPROYAL LANE  
JACKSONVILLE FL 32277

Mailing Address

4970 TOPROYAL LANE  
JACKSONVILLE FL 32277

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CORIS, JEANINE H ESQ  
LAW OFFICES OF WEIDNER & WORTELBOER  
10160 CENTURIAN PKWY NORTH, SUITE 190  
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

59-3484553

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

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

10. Name and Address of New Registered Agent

81 Name Jeanine H. Coris, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)  
Law Offices of Weidner & Winicki

83 11265 Alumni Way, Suite 201

84 City Jacksonville

FL

85 Zip Code 32246

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 D  
NAME MCCORD, CHARLES R  
STREET ADDRESS 4970 TOPROYAL LANE  
CITY-ST-ZIP JACKSONVILLE FL 32277

DELETE

TITLE D  
NAME MCCORD, JAYNE  
STREET ADDRESS 4970 TOPROYAL LANE  
CITY-ST-ZIP JACKSONVILLE FL 32277

DELETE

TITLE D  
NAME ALLISON, SUSAN  
STREET ADDRESS 2211 WEST OCEANFOREST DRIVE  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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)(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.

SIGNATURE:

Charles R. McCord

9/18/98

(910)

673-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)