

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90017 015 ****61.25

DOCUMENT # N97000006929

1. Corporation Name

FIRST COAST BALLET, INC.

Principal Place of Business

610 FLORIDA BLVD
NEPTUNE BEACH FL 32266-3606

Mailing Address

610 FLORIDA BLVD
NEPTUNE BEACH FL 32266-3606



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MEDE, RICHARD T
610 FLORIDA BLVD
NEPTUNE BEACH FL 32266-3606

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number

59-3485281

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

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 D ☐ DELETE

NAME MENDE, MINDI L
STREET ADDRESS 1800 THE GREENS WY, APT 607
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250-2421

TITLE D ☐ DELETE

NAME MENDE, RICHARD T
STREET ADDRESS 1800 THE GREENS WY, APT 607
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250-2421

TITLE D ☐ DELETE

NAME MOORMAN, JEFFREY
STREET ADDRESS 12204 BLUE SAGE DR
CITY-ST-ZIP OKLAHOMA CITY OK 73120

TITLE D ☐ DELETE

NAME BARDEL, KATHA
STREET ADDRESS 2008 MISTLETOE CT
CITY-ST-ZIP EDMOND OK 73034

TITLE D ☒ DELETE

NAME MCCOY, STEVE
STREET ADDRESS 4 SAILFISH DR
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/99 (904) 241-1266

Date

Daytime Phone #

CR2E037 (11/98)