

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002392

FILED
Apr 30, 2009
Secretary of State

Entity Name: FORT LAUDERDALE CHILDREN'S BALLET THEATRE, INC.

Current Principal Place of Business:

4801-03 N. DIXIE HWY
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

4801-03 N. DIXIE HWY
FT. LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 65-0836669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAUTI, ANGELA
5303 NO. DIXIE HWY.
FT. LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

MAUTI, ANGELA
4801-03 NORTH DIXIE HIGHWAY
FT. LAUDERDALE, FL 33334 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAUTI, ANGELA
Address: 4801 N DIXIE HWY
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: DV () Delete
Name: KANTROWITZ, SHERYL
Address: 10325 NW 6 ST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: AUDETTE, KATY
Address: 811 SE 1 AVE
City-St-Zip: POMP BCH, F; 33060

Title: S () Delete
Name: GRBAVAC, LINDA
Address: 3921 CYRS. LK. DR. APT. 116
City-St-Zip: POMP, FL 33064

Title: AD () Delete
Name: STEINBERG, CHRISTINE S
Address: 1611 NE 51 ST
City-St-Zip: FT LAUD, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA MAUTI

DIR

04/30/2009

Electronic Signature of Signing Officer or Director

Date