

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90018 001 ****61.25

DOCUMENT # N98000006836

1. Corporation Name

SOUTH SARASOTA COUNTY BALLET EDUCATION PROGRAM,
INC.

Principal Place of Business

261 S TAMiami TRAIL
VENICE FL 34285

Mailing Address

261 S TAMiami TRAIL
VENICE FL 34285



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

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

65-0882994

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

9. Name and Address of Current Registered Agent

JONES, MARJORIE
1822 IRONWOOD COURT
VENICE FL 34293

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 PSD ☐ DELETE

NAME JONES, MARJORIE
STREET ADDRESS 1822 IRONWOOD COURT
CITY-ST-ZIP VENICE FL 34293

TITLE VD ☐ DELETE

NAME JONES, ALFRED
STREET ADDRESS 1822 IRONWOOD COURT
CITY-ST-ZIP VENICE FL 34293

TITLE TD ☐ DELETE

NAME WHEELER, CHARLES F
STREET ADDRESS P.O. BOX 1744 N/A
CITY-ST-ZIP VENICE FL 34284

TITLE D ☐ DELETE

NAME FREESE, ANGELA
STREET ADDRESS 1811 OAKWOOD COURT
CITY-ST-ZIP VENICE FL 34293

TITLE D ☐ DELETE

NAME FREESE, RICHARD
STREET ADDRESS 1811 OAKWOOD COURT
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ DELETE

STREET ADDRESS

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

Margorie E. Jones 4/25/99 941-497-7737
MARGORIE E. JONES 941-497-7737

CR2E037 (11/98)