

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002038

Entity Name: SOUTH FLORIDA BALLET THEATER INC.**Current Principal Place of Business:**2501 S. OCEAN DR.
1709
HOLLYWOOD, FL 33019**Current Mailing Address:**.2339 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020 BR**FEI Number:** 04-3626450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYNDA DECHANE
2501 S. OCEAN DR.
SUITE PH 9
HOLLYWOOD, FL 33019 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	PATRICIA, ASSEFF
Address	950 S. SOUTHLAKE DR..
City-State-Zip:	HOLLYWOOD FL 33019

Title	SEC
Name	AMITRANO, LAURA SEC
Address	1029 TAYLOR STY.
City-State-Zip:	HOLLYWOOD FL 33020

Title	D
Name	JAMALADDINE, JUDITH
Address	1049 N SOUTHLAKE DR.
City-State-Zip:	HOLLYWOOD FL 33019

Title	VP
Name	DRAGIF, FRIEDA
Address	2421 PARK RD
City-State-Zip:	HOLLYWOOD FL 33021

Title	AAD
Name	PITTERSON, HOWARD
Address	3421 PIERCE ST.
City-State-Zip:	HOLLYWOOD FL 33020

Title	DIRECTOR OF PHILANTHROPY
Name	SIUDMAK, ROBERT DR.
Address	2403 SW 132ND WAY
City-State-Zip:	DAVIE FL 33325

I hereby 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 all other like empowered.

SIGNATURE: FRIEDA DRAGIF

VICE PRESIDENT

05/01/2014

Electronic Signature of Signing Officer/Director Detail_____
Date