

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10746

Entity Name: MIAMI CITY BALLET, INC.**Current Principal Place of Business:**2200 LIBERTY AVE
MIAMI BEACH, FL 33139**Current Mailing Address:**2200 LIBERTY AVE
MIAMI BEACH, FL 33139 US**FEI Number:** 59-2578534**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHUMAKER, JOHN
2200 LIBERTY AVE
MIAMI BEACH, FL 33139 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 DIRECTOR
Name KRONICK, SUSAN D
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title ARTISTIC DIRECTOR
Name LOPEZ, LOURDES
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR, TREASURER
Name ADELMAN, CHARLES
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR, EX-OFFICIO
Name MORALES, JIMMY
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name SHULTZ, MICHAEL
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR OF FINANCE
Name SHUMAKER, JOHN J
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name GOTTLIEB, ROBERT
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR, CHAIRMAN
Name JERNIGAN, KRISTI
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

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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: JOHN J. SHUMAKER**DIRECTOR OF FINANCE****03/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR, EX-OFFICIO
Name MARQUEZ, MANNY
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name DAVIS, JEFFREY
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name GUTTMAN, KATHY
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name KARLTON, DARLA
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title EXECUTIVE DIRECTOR
Name CASTROVERDE MOSKALENKO, TANIA
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name PERLES, CLAUDIA
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name BRAUFMAN, JILL
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name EIDSON, MARGARET
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name JOEVEER, MAMIE
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name MEDINA, JORGE
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name ERONCIG, BARBARA
Address 2200 LIBERTY AVE
City-State-Zip: MIAMI BEACH FL 33139