

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737018** (2)
1. Corporation Name
JACKSONVILLE BALLROOM DANCE ASSOCIATION, INC.



Principal Place of Business 10910 DOVER COVE LN JACKSONVILLE FL 32225 US		Mailing Address 10910 DOVER COVE LN JACKSONVILLE FL 32225 US		3. Date Incorporated or Qualified 10/12/1976	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3090251	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GEORGE P. PEEPLES, JR. 10910 DOVER COVE LN JACKSONVILLE FL 32225		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number Is Not Acceptable)	
		83	
		84 City	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE P. PEEPLES, JR.	1.2 NAME	
STREET ADDRESS	10910 DOVER COVE LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRIER, DAVID	2.2 NAME	VD
STREET ADDRESS	1680 SHIRL LANE	2.3 STREET ADDRESS	NORMAN McCord
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	535 Lakefield Ln.
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, DORRIS	3.2 NAME	S
STREET ADDRESS	250 WOODSIDE AVE	3.3 STREET ADDRESS	ELSA Giddens
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	P.O. Box 954
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCHTMAN, DELORES	4.2 NAME	DP
STREET ADDRESS	10910 DOVER COVE LN	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	JACKSONVILLE FL 32225	4.4 CITY-ST-ZIP	SAME
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

George P. Peebles, Jr.

3/19/98.

CP2E037 (10/97)