2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 737018

Entity Name: JACKSONVILLE BALLROOM DANCE ASSOCIATION, INC.

Current Principal Place of Business:

10910 DOVER COVE LN
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

10910 DOVER COVE LN
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3090251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEORGE P. PEEPLES, JR.
10910 DOVER COVE LN
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RUTLEDGE, JIM
Address: 12986 AUNTLEY MANOR DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD ( ) Delete
Name: RUTLEDGE, JIM
Address: 12986 AUNTLEY MANOR DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD ( ) Delete
Name: TUNSTILL, GLORIA
Address: 4674 SCARLET COVET
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD ( ) Delete
Name: WELLONS, ELEANOR
Address: 4953 DIAN WOOD DR E
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: JIM RUTLEDGE PD 01/08/2009

Electronic Signature of Signing Officer or Director — Date