FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

738786

(3)

NATIONAL DANCE TEACHERS ASSOCIATION OF AMERICA, INC.											
Principal Place of Business Mailing Address											
825 N.W. 13TH STREET BOCA RATON FL 33486 US 825 N.W. 13TH STREET BOCA RATON FL 33486 US										3. Date incorporated or Qualified 04/22/1977 4. FEI Number Applied For 59-1846975 Not Applicable	
2. Principal Place of Business 2a. Mailing Address							· · · · · · · · · · · · · · · · · · ·		···, · ·	5. Certificate of Status Desired S8.75 Additional	
21 26										Fee Required	
					Suite, Apt. #, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
22 27 City & State					City & State					7. Is this nonprofit corporation a homeowners association?	
23					28					☐ Yes ☑ No	
Zip	Zip Country				Zip Cou			7		8. This corporation owes or has paid the current year Intangible	
24	25			29						Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent							81	П	Name	To. Harrie and Address of Hew Registered Agenit	
FOX, LEE							82	<u> </u>	Otront Addre	an /D C. Play blumbay in Alas Accordable)	
825 N.W. 13TH STREET						52	l '	Street Addre	at Address (P.O. Box Number is Not Acceptable)		
SUITE 2							83				
BOCA RATON FL 33486							84	T	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											
office of 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											
						13.	ent	eignature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Р			3	DELETE		1.1 TITLE			☐ Change ☐ Addition	
NAME	FOX, LE						1.2 NAME		ĺ		
STREET ADDRESS 825 N.W. 13TH STREET, #210					1.			1.3 STREET ADDRESS			
CITY-ST-ZIP BOCA RATON FL 33486					T priete			1.4 CITY-ST-ZIP		To Tade.	
TITLE	D	EID CV			[_] DELETE		2.1 TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS	ADDRESS 7591 STIRLING BRIDGE BLVD.							2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP	DELBAY BEAGLES AND A						2.4 CITY-ST-ZIP				
TITLE	D DELETI					\neg	3.1 TITLE			Change Addition	
NAME	PEIFFER, GWEN 3.						3.2 NAME				
STREET ADDRESS							3.3 STREET	TAE	DORESS		
CITY-ST-ZIP		L 33126			C 22.22	_	3.4, CITY-	ŞT-	ZIP		
TITLE	D	E4 D 141	.ur		DELETE		4.1 TITLE			Change Addition	
NAME OTREST ADDRESS							4. 2 NAME				
STREET ADDRESS			FL 33446				4.3 STREET		i f		
CITY-ST-ZIP TITLE	DEGWI	DEADI	- L 00770		DELETE		4.4 CITY-S 5.1 TITLE	31-	E.17	☐ Change ☐ Addition	
NAME					_ -		5.2 NAME			_ · _ ·	
STREET ADDRESS							5.3 STREET	T AE	DORESS		
CITY-ST-ZIP							5.4 CITY-5	ST-	ZIP		
TITLE					☐ DELETE		6.1 TITLE			☐ Change ☐ Addition	
NAME							6.2 NAME				
STREET ADDRESS	l						6.3 STREET	T AE	DDRESS		

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 changes, or on an attantiment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LEEFEX President

2-24-98 (561)368-089

FILED

Mar 06 1998 8:00am

Secretary of State

2E037 (10/97)