

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47336** (5)

1. Corporation Name

DANCER SCHOLARSHIP FOUNDATION INC.



Principal Place of Business

2809 BIRD AVENUE
SUITE 231
COCONUT GROVE FL 33133

Mailing Address

2809 BIRD AVENUE
SUITE 231
COCONUT GROVE FL 33133

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	County	29	County
25		30	

9. Name and Address of Current Registered Agent

GOLDMAN, OWEN
2809 BIRD AVENUE
SUITE 231
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified	3a. Date of Last Report
02/14/1992	02/10/1995
4. FEI Number	Applied For
65-0313715	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12	OFFICERS AND DIRECTORS	13	ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1996
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, OWEN	12 NAME	
STREET ADDRESS	2809 BIRD AVE. #231	13 STREET ADDRESS	
CITY, ST, ZIP	COCONUT GROVE FL SD	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21 TITLE	
NAME	WILKINSON, RICHARD	22 NAME	
STREET ADDRESS	167 NE 39TH ST	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL D	24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31 TITLE	
NAME	IRBY, TAMME	32 NAME	
STREET ADDRESS	9825 NE 2ND AVE #175	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 change or new addition with an address.

SIGNATURE:

Owen Goldman OWEN GOLDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

305 460 3225

CR2E037 (12/95)