

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J63438

**Entity Name:** MARY ELLEN SCHOOL OF DANCE, INC.

**Current Principal Place of Business:**

540 NE 45 COURT  
OCALA, FL 34470

**Current Mailing Address:**

540 NE 45 COURT  
OCALA, FL 34470

**FEI Number: 59-2846434**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREG KING  
2156 SILVER SPRINGS BLVD E  
OCALA, FL 34470 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 D  
Name VOWINKEL, MARY ELLEN  
Address 540 NE 45TH COURT  
City-State-Zip: Ocala FL 34470

Title D  
Name VOWINKEL, CHARLES  
Address 540 NE 45TH COURT  
City-State-Zip: Ocala FL 34470

Title D  
Name VOWINKEL, PAUL  
Address 2409 SE 28TH ST  
City-State-Zip: Ocala FL 34471

Title D  
Name LOEROP, MICHELE  
Address 3310 APPLESRAW CT  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name VOWINKEL, JOHN  
Address 4000 SE 39TH CIRCLE  
City-State-Zip: Ocala FL 34471

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARY ELLEN VOWINKEL**

**PRESIDENT**

**03/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date