

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000056210

**Entity Name:** BARBARA THOMPSON SCHOOL OF DANCE, INC.

**Current Principal Place of Business:**

8595 BEACH BLVD  
SUITE 310  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

8595 BEACH BLVD  
SUITE 310  
JACKSONVILLE, FL 32216

**FEI Number: 59-3261208**

**Certificate of Status Desired: No**

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

THOMPSON, BARBARA P  
5532 FLORAL AVENUE  
JACKSONVILLE, FL 32211 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            PRESIDENT  
Name            THOMPSON, BARBARA P  
Address        5532 FLORAL AVENUE  
City-State-Zip: JACKSONVILLE FL 32211

Title            VP, TREASURER  
Name            THOMPSON, AMANDA  
Address        7976 WOODPECKER TRAIL  
City-State-Zip: JACKSONVILLE FL 32256

Title            SECRETARY  
Name            THOMPSON, PAIGE  
Address        5347 NOBLE CIRCLE S.  
City-State-Zip: JACKSONVILLE FL 32211

*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: BARBARA P THOMPSON**

**PRESIDENT**

**04/24/2023**

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

\_\_\_\_\_ Date