

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **574901** (5)

1. Corporation Name

**VILLAGE DANCE CENTER, INC.**



Principal Place of Business

Mailing Address

**2923 MANITOU AVE  
JACKSONVILLE FL 32210**

**2923 MANITOU AVE  
JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified

**05/25/1978**

3a. Date of Last Report

**02/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**SMITH, CARI HOLT III  
4670 BADEN LANE  
JACKSONVILLE FL 32210**

4. FEI Number

**59-1839087**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VSD  
CATLIN, DIANN  
2923 MANITOU AVENUE  
JACKSONVILLE, FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PTD  
SMITH, JULIE  
2923 MANITOU AVENUE  
JACKSONVILLE FL**

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SIGNATURE:

*Julie L. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres.*

*1/22/96*

*(904) 388-1223*

Date

Daytime Phone #

CR2E034 (12/95)