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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 710721 (2)

1. Corporation Name
DANCE ALIVE, INC.

Principal Place of Business	Mailing Address
1325 NW 2ND ST GAINESVILLE FL 32601	1325 NW 2ND ST GAINESVILLE FL 32601

3. Date Incorporated or Qualified: 04/14/1966

4. FEI Number: 23-7348157 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Princ pal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SKINNER, JUDY
1325 NW SECOND ST
GAINESVILLE, FL
32601

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 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, typed or printed name of registerad agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GAINES, WEAVER		1.2 NAME	KUBISEK, MIKE	
STREET ADDRESS	12085 RESEARCH DRIVE		1.3 STREET ADDRESS	P.O. Box 12023 N/A	
CITY-ST-ZIP	ALACHUA FL		1.4 CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MONAHAN, GAIL		2.2 NAME		
STREET ADDRESS	240 SW 1ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SKINNER, JUDY		3.2 NAME		
STREET ADDRESS	1325 N.W. 2ND ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	KUBISEK, MIKE		4.2 NAME	ELAINE FUNK	
STREET ADDRESS	P.O. BOX 12023 N/A		4.3 STREET ADDRESS	3445 NW 30 Blvd.	
CITY-ST-ZIP	GINESVILLE FL		4.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEVIE TISON-WALSH		5.2 NAME		
STREET ADDRESS	7820 S.W. 102 AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	AD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TUTTLE, KIM		6.2 NAME		
STREET ADDRESS	1325 N.W. 2ND ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL633		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 changed, or on an attachment with an address.

SIGNATURE: Judy B Skinner 1/29/98 (352)371-2986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0010666