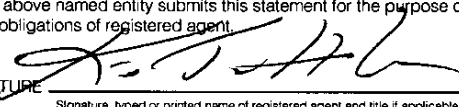
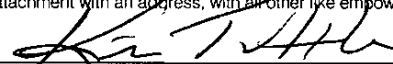


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 20 AM 9:01

DOCUMENT # 710721 1. Entity Name DANCE ALIVE, INC.					
Principal Place of Business 1325 NW 2ND ST GAINESVILLE, FL 32601			Mailing Address 1325 NW 2ND ST GAINESVILLE, FL 32601		
2. Principal Place of Business		3. Mailing Address		 12102004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number 23-7348157	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SKINNER, JUDY 1325 NW SECOND ST GAINESVILLE, FL 32601				Name Kim Tuttle Street Address (P.O. Box Number is Not Acceptable) 1325 NW Second St GAINESVILLE FL 32601 City FL Zip Code 32601	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.				DATE 12/14/04 (NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BACHARACH, MEREDITH		NAME	ELAINE BROWN	
STREET ADDRESS	1638 NW 10TH AVE		STREET ADDRESS	525 Turkey Creek	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	Alachua FL 32607	
TITLE	TD	☒ Delete	TITLE	Director/Historian	☐ Change ☒ Addition
NAME	HANRAHAN, PEGEEN		NAME	Colleen Rand	
STREET ADDRESS	1938 NW 7TH LN		STREET ADDRESS	2220 NW 3rd Pl	
CITY-ST-ZIP	GAINESVILLE, FL 32603		CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	ED	☒ Delete	TITLE	Director/Treasurer	☐ Change ☒ Addition
NAME	MARKELL, JUDITH		NAME	Jennifer Foster	
STREET ADDRESS	439 NW 50TH BLVD		STREET ADDRESS	203 NE 1st St	
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	PE	☒ Delete	TITLE	Director	☐ Change ☒ Addition
NAME	HORNBECK, DOUG		NAME	Ana Marie Soler	
STREET ADDRESS	3120 SE 27TH ST		STREET ADDRESS	1714 SW 34 St	
CITY-ST-ZIP	GAINESVILLE, FL 32641		CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	SD	☐ Delete	TITLE	Director	☐ Change ☒ Addition
NAME	MURPHEY-JONES, DIANNE		NAME	Elaine Taylor	
STREET ADDRESS	6906 CRYSTAL LAKE RD		STREET ADDRESS	9710 SW 43rd Ter	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	AD	☐ Delete	TITLE		
NAME	TUTTLE, KIM		NAME		
STREET ADDRESS	1325 N.W. 2ND ST.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Kim TUTTLE 12/14/04 373-1166		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

12/20/04