2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

DOCUMENT # /10/21 1. Entity Name DANCE ALIVE, INC.					;			04-22-2005 90259 015 ****61.25				
Principal Place of Business 1325 NW 2ND ST GAINESVILLE, FL 32601			Mailing Address 1325 NW 2ND ST GAINESVILLE, FL 32601					A DEPUT		04073		iii ili d i inei
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04212005	Chg-NP	CR2E	037 (10/03)	
City & State			City & State					4. FEI Numbe 23-734				oplied For ot Applicable
Zip Country		Country	Zip			untry		5. Certificate	of Status Desire	ed 🗆	\$8.75 Add Fee Require	
	6. Name a	and Address of Current F	Registered	Agent		Name		7. Name and	Address of Ne	w Registered	d Agent	
TUTTLE, K	KIM					Name						
1325 NW S GAINESVI						Street Ad	ddress (f	P.O. Box Numbe	er is Not Accept	able)		
						City				F	L Zip Cod	le
	ions of registe	submits this statement for red agent	<u> </u>	/ Kin	<u>ر ک</u>	UTILE	=	ed agent, or bo	th, in the State of	_	5	and accept
		9. Election Campaign Financing Trust Fund Contribution.										
	_	is \$61.25 ay 1, 2005						\$5.00 May E Added to Fees			ck payable t artment of S	
10.	_		ECTORS					Added to Fees		Florida Dep	artment of S	tate
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIM TUTTLE

2005 NOT-FOR-PROFIT CORPORATION

ATTACHMENT **ANNUAL REPORT** PAGE 2 DOCUMENT.# 710721 1. Entity Name DANCE ALIVE, INC Principal Place of Business Mailing Address 20040737 1325 NW 2ND ST 1325 NW 2ND ST GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 Chg-NP CR2E037 (10/03) City & State City & State FEI Number
 23-7348157 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUTTLE, KIM 1325 NW SECOND ST Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE, FL 32601 City Zip Code 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 KIM TUTTLE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Bryan Edelstein Po Box 15192 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Gainesville FL 32601 CITY-ST-ZIP TITLE Delete TITLE Loe Goldberg Ave # 313 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 emplowered.

KIMTUTLE

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR