2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90259 015 ****61.25

DOCUMENT # 710721

1. Entity Name
DANCE ALIVE, INC.

20040737

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

04212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7348157 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUTTLE, KIM 1325 NW SECOND ST GAINESVILLE, FL 32601	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE: Kim TUTTLE 4/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BACHARACH, MEREDITH 1638 NW 10TH AVE GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dianne Murphey 6906 Crystal Lake Rd Keystone Heights, FL 32656	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, ELAINE 525 TURKEY CREEK ALACHUA, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ana Maria Solar 1714 SW 34 St Gainesville FL 32607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DH RAND, COLLEEN 2220 NW 3RD PL GAINESVILLE, FL 32603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Elaine Taylor 9710 SW 43 Ter Gainesville FL 32608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LESTER, JENNIFER 203 NE 1ST STREET GAINESVILLE, FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELL PAGE 2536 NW 18 Way Gainesville FL 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MURPHEY-JONES, DIANNE 6906 CRYSTAL LAKE RD KEYSTONE HEIGHTS, FL 32656	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Barbara Llewellyn 1820 NE 5th Pl Ocala FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD TUTTLE, KIM 1325 N.W. 2ND ST. GAINESVILLE, FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past Pres Paula DeLaney 75 SW 23rd Way Gainesville FL 32607	☐ Change ☒ Addition

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 4/21/05 371-2986 352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

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[redacted]

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GAINESVILLE, FL 32601

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SIGNATURE [signature] KIM TUTTLE 4/21/05
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE D NAME Bryan Edelstein STREET ADDRESS PO Box 15192 CITY-ST-ZIP Gainesville FL 32601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE D NAME Joe Goldberg STREET ADDRESS 201 SE 2nd Ave #313 CITY-ST-ZIP Gainesville FL 32601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: [signature] KIM TUTTLE 4/2/05 352/371-2986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #