

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/3

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-30-2004 90301 025 ****61.25

DOCUMENT # 720583

1. Entity Name

**THE SINGLES' DANCE CLUB OF THE PALM BEACHES,
INC.**



Principal Place of Business

P. O. BOX 15993
W PALM BEACH FL 33406-5238

Mailing Address

P. O. BOX 15993
W PALM BEACH FL 33406-5238

66426941



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2392257

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

PEASE, LORRAINE R
341 GREENBRIER DR
LAKE WORTH FL 33461-1824

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

Lorraine R. Pease

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-04

**FILE NOW FEE IS \$61.25
Due By May 1, 2004**

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, JOAN	
STREET ADDRESS	7689 HUFFY CIR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SLATTERY, DOROTHY	
STREET ADDRESS	698 ARLINGTON DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ECKER, DOROTHY	
STREET ADDRESS	143 SE 27TH PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEASE, LORRAINE R	
STREET ADDRESS	341 GREENBRIER DR	
CITY-ST-ZIP	LAKE WORTH FL 33461-1824	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HICKS, MARY	
STREET ADDRESS	4687 EMPIRE WAY	
CITY-ST-ZIP	GREENACRES CITY FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS MANNO	
STREET ADDRESS	7137 GOLF COLONY CT. #204	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Lorraine R. Pease

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04

561-965-9552