FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737018 (2)

1. Corporation Name

JACKSONVILLE BALLROOM DANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10910 DOVER COVE LN BOX 10712 JACKSONVILLE FL 32225 US	10910 DOVER COVE LN BOX 10712 JACKSONVILLE FL 32225 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1976
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3090251 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

2. Principal 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

LUCHTMAN, DELORES E
10910 DOVER COVE LN
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name: George P. Peeples, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 10910 Dover Cove Lane
83
84 City: Jacksonville FL 85 Zip Code: 32225

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: George P. Peeples Jr., George P. Peeples JR. DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TD	☑ Change ☐ Addition
NAME	LUCHTMAN, DELORES E	1.2 NAME	George P. Peeples, Jr.	
STREET ADDRESS	10910 DOVER COVE LN	1.3 STREET ADDRESS	10910 Dover Cove Lane	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL. 32225	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	STRANDBERG, GENE	2.2 NAME		
STREET ADDRESS	602 GROVE PARK BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE		☐ Change ☐ Addition
NAME	BERRIER, DAVID	3.2 NAME		
STREET ADDRESS	1660 SHIRL LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, DORRIS	4.2 NAME		
STREET ADDRESS	250 WOODSIDE AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: George P. Peeples Jr., George P. Peeples, JR. 4/24/95 904 646-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0290012