

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90074 039 *****61.25

DOCUMENT # 737018

1. Entity Name

JACKSONVILLE BALLROOM DANCE ASSOCIATION, INC.



Principal Place of Business

10910 DOVER COVE LN
JACKSONVILLE FL 32225
US

Mailing Address

10910 DOVER COVE LN
JACKSONVILLE FL 32225
US

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

59-3090251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEORGE P. PEEPLES, JR.
10910 DOVER COVE LN
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE TD ☐ Delete
NAME GEORGE P. PEEPLES, JR.
STREET ADDRESS 10910 DOVER COVE LN
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD ☐ Delete
NAME LUCHTMAN, DELORES E
STREET ADDRESS 10910 DOVER COVE LANE
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE PD ☒ Delete
NAME LACHTMAN, DELORES E
STREET ADDRESS 10910 DOVER COVE LANE
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE PD ☐ Delete
NAME BLOOM, PHILIP
STREET ADDRESS 500 CHAFFER RD #69
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *50 Ruby Baker - Priest* ☐ Change ☒ Addition
NAME
STREET ADDRESS *333 SHARLEMAGNA Circle*
CITY-ST-ZIP *Ponte Vedra, FL 32082*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *George P. Peeples, Jr.* *1/28/05 (941) 646-3561*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #