

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90011 021 ****61.25

DOCUMENT # 737018

1. Entity Name

JACKSONVILLE BALLROOM DANCE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10910 DOVER COVE LN
JACKSONVILLE FL 32225
US

10910 DOVER COVE LN
JACKSONVILLE FL 32225
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE: TD ☒ Change ☐ Addition
NAME: Priest, Ruby S
STREET ADDRESS: 4381 Pebble Brook Dr.
CITY-ST-ZIP: Jacksonville, FL 32224

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

TITLE: VPD ☐ Change ☒ Addition
NAME: Rutledge, Jim
STREET ADDRESS: 17986 Huntley Manor Dr.
CITY-ST-ZIP: Jacksonville, FL 32224

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

TITLE: SD ☐ Change ☒ Addition
NAME: Mc Lachlen, Doris
STREET ADDRESS: 7947 Los Robles Ct.
CITY-ST-ZIP: Jacksonville, FL 32256

TITLE: SD ☐ Delete
NAME: BAKER-PRIEST, RUBY
STREET ADDRESS: 333 SHARLEMAGNA CIRCLE
CITY-ST-ZIP: PONTE VEDRA FL 32082

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Ruby S Priest

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/2007 (904) 871-9100