

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

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90148 014 ****61.25

DOCUMENT # 752613

1. Entity Name

**AMERICAN BALLROOM AND CONTEMPORARY DANCE
ASSOCIATION OF JACKSONVILLE, INC.**



Principal Place of Business

Mailing Address

**PO BOX 40802
JACKSONVILLE FL 32203**

**PO BOX 40802
JACKSONVILLE FL 32203**

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

59-2033118

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

**NICOLI, GUIDO
3212 LAKE SHORE BLVD
JACKSONVILLE FL 32210**

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 resigning)

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 NAME ☐ Delete
PD BOHN, ELAINE
STREET ADDRESS 1012 6TH AVENUE N
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

TITLE NAME ☐ Delete
VD HAMILIN, JACKIE
STREET ADDRESS 3739 RUSTIC LANE
CITY-ST-ZIP JACKSONVILLE FL 32217

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

TITLE NAME ☐ Delete
SD HIGGINBOTHAM, CHERRY
STREET ADDRESS 4120 HEATH ROAD
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE NAME ☒ Change ☐ Addition
SD
SUSIE MEAD
STREET ADDRESS 6122 ISLAND FOREST DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE NAME ☐ Delete
TD NICOLI, GUIDO
STREET ADDRESS 3212 LAKE SHORE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

G. Nicoli
G. NICOLI, TREASURER

MARCH 19, 2007

904-389-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #