

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 752613**

1. Entity Name

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



Principal Place of Business

PO BOX 40802  
JACKSONVILLE FL 32203

Mailing Address

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 (10/07)

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 and used when registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2008**

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

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

TITLE SD ☐ Delete  
NAME MEAD, SUSIE  
STREET ADDRESS 6122 ISLAND FOREST DR  
CITY- ST- ZIP ORANGE PARK FL 32003

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

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1000000062054  
CITY- ST- ZIP 04/03/08-20033-022 61.25

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

TITLE ☐ Change ☐ Addition  
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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: G. NICOLI, TREASURER**

**MARCH 12, 2008**

**904-389-6100**