2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 752613

Entity Name: AMERICAN BALLROOM AND CONTEMPORARY DANCE ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

PO BOX 40802
JACKSONVILLE, FL 32203

New Principal Place of Business:

3212 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210

Current Mailing Address:

PO BOX 40802
JACKSONVILLE, FL 32203

New Mailing Address:

3212 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210

FEI Number: 59-2033118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICOLI, GUIDO
3212 LAKE SHORE BLVD
JACKSONIVLLLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOHN, ELAINE
Address: 1012 6TH AVENUE N
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete
Name: HAMILIN, JACKIE
Address: 3739 RUSTIC LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD ( ) Delete
Name: MEAD, SUSIE
Address: 6122 ISLAND FOREST DR
City-St-Zip: ORANGE PARK, FL 32003

Title: TD ( ) Delete
Name: NICOLI, GUIDO
Address: 3212 LAKE SHORE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. NICOLI TD 01/21/2009

Electronic Signature of Signing Officer or Director — Date