

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90810 001 ****61.25

05-02-2005 90810 002 *****8.75

DOCUMENT # 753771 1. Entity Name FLORENE LITTHCUT INNER-CITY CHILDREN'S TOURING DANCE COMPANY, INC.					
Principal Place of Business CARRIE P. MERK CENTER CITY OF MIAMI/ 1300 N.W. 50 ST. MIAMI, FL 33142 US			Mailing Address 4120 NW 8TH AVE. MIAMI, FL 33127 US		
2. Principal Place of Business CARRIE P. MERK Center Suite, Apt. #, etc. City of Miami, 1300 NW 50 St City & State Miami, FL Zip 33142 Country DADE			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2032637			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			04252005 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent NICHOLS, FLORENE L 4120 NW 8 AVENUE MIAMI, FL 33127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 STREET ADDRESS CITY-ST-ZIP	TD ADDERLY, KEVIN CPA 310 NE 175 ST N MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAR CODY, CARLA ESQ 1350 NW 12 AVE MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/M BROWN, KARL ESQ 3416 BAHAMA DRIVE MIAMI, FL 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, VICKIE 4120 NW 8 AVENUE MIAMI, FL 33127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/D LAMAR, VERONICA 420 NW 90 Street MIAMI, FL 33150 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM STALFORD, CYNTHIA 3575 N.W. 80 ST. MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D STAFFORD, Cynthia, ESQ 3575 NW 80 ST MIAMI, FL 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WRIGHT, KAYSHON 2741 NW 175 STREET MIAMI GARDENS, FL 33056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P D WRIGHT, KASHONE 2741 NW 175 ST MIAMI GARDENS, FL 33056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, FLORENE L 4120 NW 8 AVE MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Florence Litthcut Nichols</i> FLORENE LITTHCUT Nichols 4/29/05 758-1577 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					