

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

DOCUMENT # 753771

1. Entity Name

FLORENE LITTHCUT INNER-CITY CHILDREN'S
TOURING DANCE COMPANY, INC.



05-04-2006 90484 001 ****61.25
05-04-2006 90484 002 *****8.75

Principal Place of Business Mailing Address
CARRIE P. MERK CENTER 4120 NW 8TH AVE.
CITY OF MIAMI/ 1300 N.W. 50 ST. MIAMI FL 33127
MIAMI FL 33142 US
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2032637
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

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 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 reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006
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	<input type="checkbox"/> Delete		TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ADDERLY, KEVIN CPA			NAME	WRIGHT, KAYSHANE		
STREET ADDRESS	310 NE 175 ST			STREET ADDRESS	2741 NW 175 ST		
CITY-ST-ZIP	N MIAMI FL 33131			CITY-ST-ZIP	Miami, FL 33056		
TITLE	DPAR	<input type="checkbox"/> Delete		TITLE	DM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CODY, CARLA ESQ			NAME	Gilchrist, Julia		
STREET ADDRESS	1350 NW 12 AVE			STREET ADDRESS	15221 NW 33 COURT		
CITY-ST-ZIP	MIAMI FL 33136			CITY-ST-ZIP	Miami GARDENS, FL 33054		
TITLE	DM	<input type="checkbox"/> Delete		TITLE	DM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, KARL ESQ			NAME	BROWN, KARL ESQ		
STREET ADDRESS	3416 BAHNMA DRIVE			STREET ADDRESS	5348 NW 190 Lane		
CITY-ST-ZIP	MIRAMAR FL 33023			CITY-ST-ZIP	Miami, FL 33055		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	Thompson, Terrance	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAMAR, VERONICA			NAME	GSA Miami Dade County		
STREET ADDRESS	420 NW 90 STREET			STREET ADDRESS	11 NW 1 ST - 35 FL		
CITY-ST-ZIP	MIAMI FL 33150			CITY-ST-ZIP	Miami, FL 33128		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAFFORD, CYNTHIA ESQ			NAME			
STREET ADDRESS	3575 NW 80 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICHOLS, FLORENE L			NAME			
STREET ADDRESS	4120 NW 8 AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33127			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: *Florence L. Nichols* FLORENE L. NICHOLS 02/28/66 305-758-1597