

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N00643 (9)**

1. Corporation Name

**THE SECOND TIME AROUND DANCE BAND, INC.**



Principal Place of Business

610 S. BROADWAY  
LANTANA FL 33462

Mailing Address

517 QUADRANT RD  
NORTH PALM BEACH FL 33408  
US

3. Date Incorporated or Qualified  
**12/28/1983**

3a. Date of Last Report  
**02/07/1995**

2. Principal Place of Business

21 **610 S BROADWAY**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

23 **LANTANA FL**

24 Zip **33462** 25 Country **US**

29 Zip **33462** 30 Country **US**

9. Name and Address of Current Registered Agent

**COLLINS, JOSEPH L  
517 QUADRANT ROAD  
NORTH PALM BEACH FL 33408**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **INMAN, DARWIN E.**  
STREET ADDRESS **610 S. BROADWAY**  
CITY-ST-ZIP **LANTANA FL**

TITLE **VD** ☐ DELETE  
NAME **HELANDER, ORVO**  
STREET ADDRESS **10581 PINEADA CIRCLE**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **SD** ☐ DELETE  
NAME **SMITH, FLORENCE**  
STREET ADDRESS **446 SHADYSIDE CIRCLE**  
CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **D** ☐ DELETE  
NAME **COLLINS, JOSEPH L**  
STREET ADDRESS **517 QUADRANT ROAD**  
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **D** ☐ DELETE  
NAME **LISHON, MAURICE**  
STREET ADDRESS **33 N. MAHORIS DRIVE**  
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE **D** ☐ DELETE  
NAME **SMITH, THOMAS**  
STREET ADDRESS **318 S. K ST APT 2**  
CITY-ST-ZIP **LAKE WORTH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)