

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90213 048 *****61.25

DOCUMENT # N02000002466

1. Entity Name
ROOTS & CULTURE DANCE ENSEMBLE, INC.



Principal Place of Business
**6833 SW 39TH DR
MIRAMAR, FL 33023**

Mailing Address
**6833 SW 39TH DR
MIRAMAR, FL 33023**

04282004 Chg-NP CR2E037 (10/03)



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

30-0122970

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PITTERSON, ANGELA
6833 SW 39TH DR
MIRAMAR, FL 33023**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PITTERSON, ANGELA
6833 SW 39TH DR
MIRAMAR, FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SAUNDERS, VIVIEN
3390 FOXCROST RD #C316
MIRAMAR, FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GAYLE, MARGUERITA
6833 SW 39TH DR
MIRAMAR, FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
SCAVELLA, MAXINE
3390 FOXCROST RD #C316
MIRAMAR, FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**5769 Washington Street, #G21
Hollywood, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**6048 S.W. 37th Street
Miramar, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**3911 S.W. 52nd Avenue, #B1-1
Pembroke Park, FL 33023**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Angela Pitterson **ANGELA PITTERSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Daytime Phone #