

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90001 047 ****61.25

DOCUMENT # N03000007990

1. Entity Name
JUBILEE DANCE THEATRE, INC.



Principal Place of Business
2840 SW 5TH ST
FT LAUDERDALE, FL 33312

Mailing Address
2840 SW 5TH ST
FT LAUDERDALE, FL 33312

54058054



2. Principal Place of Business
2840 SW 5th Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 120115
Suite, Apt. #, etc.

04302004 Chg-NP CR2E037 (10/03)

City & State
Ft. Lauderdale, FL
Zip
33312
Country
Broward

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Ft. Lauderdale
Zip
33312
Country
Broward

4. FEI Number
30-0209372
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WELTERS, LUCRICIA T
2840 SW 5TH ST
FT LAUDERDALE, FL 33312

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 *Lucricia Walters*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

June 5, 2004
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 **T** ☒ Delete
NAME **WELTERS, LUCRICIA**
STREET ADDRESS **2840 SW 5TH ST**
CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

TITLE **T** ☒ Delete
NAME **CARTER-PEREIRA, CLAUDINE**
STREET ADDRESS **203 LAKE POINTE DR STE 104**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE **T** ☒ Delete
NAME **BURNETT, LAURA**
STREET ADDRESS **2840 SW 5TH ST**
CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

TITLE **T** ☒ Delete
NAME **VAN DELFT, TERRI**
STREET ADDRESS **2840 SW 5TH ST**
CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

TITLE **T** ☐ Delete
NAME **ARTWELL, SONIA**
STREET ADDRESS **2840 SW 5TH ST**
CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **President Walters, Lucricia**
STREET ADDRESS **2840 SW 5th Street**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE ☒ Change ☐ Addition
NAME **Vice President Carter-Pereira, Claudine**
STREET ADDRESS **203 Lake Pointe Dr. Ste 104**
CITY-ST-ZIP **Oakland Park, FL 33309**

TITLE ☒ Change ☐ Addition
NAME **Secretary Nobles, Sandra**
STREET ADDRESS **431 N.W. 4th Terr.**
CITY-ST-ZIP **Plantation, FL 33317**

TITLE ☒ Change ☐ Addition
NAME **Treasurer Shaw, Revell**
STREET ADDRESS **1360 SE 14th Str.**
CITY-ST-ZIP **Ft. Lauderdale 33316**

TITLE ☒ Change ☐ Addition
NAME **Officer Artwell Sonia**
STREET ADDRESS **6428 N.W. 54th Court**
CITY-ST-ZIP **Lauderhill, FL 33319**

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

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:

Lucricia Walters, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 5, 2004
Date

954-817-0664
Daytime Phone #