


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008410	
1. Entity Name TESSENCE/TERRY STONOM DANCE ACADEMY, INC.	

Principal Place of Business 4331 SW 22ND ST FT LAUDERDALE, FL 33317	Mailing Address 4331 SW 22ND ST FT LAUDERDALE, FL 33317
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01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0207882	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STONOM, TERRY 4331 SW 22ND ST FT LAUDERDALE, FL 33317

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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	STONOM, TERRY CEO
STREET ADDRESS	4331 SW 22ND ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33317
TITLE	DP
NAME	NICHOLAS, KERRON
STREET ADDRESS	4331 SW 22ND ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33317
TITLE	DS
NAME	NICHOLAS, CORY
STREET ADDRESS	145 NW 198TH ST
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	DT
NAME	MILLER-JOSEPH, VALLORIE
STREET ADDRESS	4400 SW 56TH AVE
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>1100000425765 02/20/06-80015-007 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **TERRY STONOM** **1/28/06** **(954) 462-0255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #