

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000008410

1. Entity Name

ESSENCE/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



01172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0207882

Applied For

Not Applicable

5. Certificate of Status Desired



\$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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IN THIS SPACE**

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, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000845673
03/17/08-80001-021 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 2008 (954) 462-0255
Date Daytime Phone #