

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90085 039 ****61.25

DOCUMENT # N12911

1. Entity Name

THE ST. AUGUSTINE BALLROOM DANCE ASSOCIATION, INC.



Principal Place of Business

P O BOX 3315
ST AUGUSTINE FL 32085

Mailing Address

P O BOX 3315
ST AUGUSTINE FL 32085

14000562



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2353051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUCHTIN, JUNE
1025 SAN RAFAEL STREET
SAINT AUGUSTINE FL 32080

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 reinstalling)

DATE

**FILE NOW: 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 MIER, CHARLES ☐ Delete
STREET ADDRESS 38 SEA PARK DRIVE
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE NAME RUCHTIN, JUNE ☐ Delete
STREET ADDRESS 1025 SAN RAFAEL ST
CITY-ST-ZIP SAINT AUGUSTINE FL 32080

TITLE NAME PD JOSEPH, OSTREICH ☒ Delete
STREET ADDRESS 229 JOEY DRIVE
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE NAME SD WEEKS, JUANNE ☐ Delete
STREET ADDRESS 91 NORTH ST AUGUSTINE BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE NAME S ELLIS, BILLIE ☐ Delete
STREET ADDRESS PO BOX 2013 MARCIUS AVE
CITY-ST-ZIP ST AUGUSTINE FL 32085

TITLE NAME VD BRENNICK, GEORGE ☐ Delete
STREET ADDRESS 1310 ROYAL TROON LANE
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME T Muchtin, June ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME VD Johnson, Robert ☒ Change ☐ Addition
STREET ADDRESS 515 B Street
CITY-ST-ZIP St. Augustine, FL 32080

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

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

TITLE NAME PD Brenick, George ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/04