


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N16398** (2)
1. Corporation Name
WILLYS GAINES DANCE THEATRE SCHOOL, INC.



Principal Place of Business % WILLYS GAINES 14640 MONROE STREET MIAMI FL 33176 US	Mailing Address % WILLYS GAINES 14640 MONROE STREET RICHMOND HEIGHTS FL 33176
---	---

3. Date Incorporated or Qualified 08/18/1986	Applied For
4. FEI Number 65-0627226	Not Applicable

2. Principal Place of Business 21 14640 MONROE STREET Suite, Apt. #, etc. 22 (MIAMI FL) STREET City & State 23 MIAMI, FLORIDA Zip Country 24 33176 25 DADE	2a. Mailing Address 26 14640 MONROE STREET Suite, Apt. #, etc. 27 STREET City & State 28 MIAMI, FLORIDA Zip Country 29 33176 30 DADE
--	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No None

9. Name and Address of Current Registered Agent
**GAINES, WILLYS ANN
14640 MONROE ST
MIAMI FL 33176**

10. Name and Address of New Registered Agent **no pay**

81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Willys Ann Gaines, President/owner/secretary* **February 24, 1998**

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	GAINES, WILLYS A	
STREET ADDRESS	14640 MONROE ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRANBERRY, DORIS J	
STREET ADDRESS	16505 SW 103 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODEN, JAMES L	
STREET ADDRESS	1929 SW 104TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GRACE, GEORGE	
STREET ADDRESS	1929 SW 104TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	THOMAS, TONI J	
STREET ADDRESS	1503 SW 2ND AVENUE #7	
CITY-ST-ZIP	MIAMI FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	QUARLES, EUGENE A	
STREET ADDRESS	201 COMMONWEALTH	
CITY-ST-ZIP	MARTINVILLE VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DARLENE Y. BELL-ALEXANDER, ESQ.	
1.3 STREET ADDRESS	17452 S.W. 104 AVENUE	
1.4 CITY-ST-ZIP	PERMIE, FL 33157	
2.1 TITLE	Chair³⁰	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NADINE B. McMillon	
2.3 STREET ADDRESS	16631 S.W. 104th Avenue	
2.4 CITY-ST-ZIP	MIAMI, Florida 33157	
3.1 TITLE	DENNIS MOB S, Commissioner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HONARARY MEMBER - DISTRICT 9	
3.3 STREET ADDRESS	10710 S.W. 24th Street	
3.4 CITY-ST-ZIP	MIAMI, FL 33189	
4.1 TITLE	DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Reverend Walter Richardson	
4.3 STREET ADDRESS	HONARY MEMBER	
4.4 CITY-ST-ZIP	17201 S.W. 103rd Ave. Miami, FL 33157	
5.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KAREN BROWN	
5.3 STREET ADDRESS	15201 S.W. 82th Avenue	
5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33157	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Willys Ann Gaines* **February 24, 1998** **305-258-9662**

CR2E037 (10/97)