


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

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90085 021 ****70.00

DOCUMENT # N16398
1. Entity Name
WILLYS GAINES DANCE THEATRE SCHOOL, INC.



Principal Place of Business Mailing Address
14640 MONROE ST MIAMI FL 33176 US **14640 MONROE ST RICHMOND HEIGHTS FL 33176 US**

24004230



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Willys GAINES Dance Theatre **14640 MONROE STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FLA. **MIAMI, FLA**

Zip Country Zip Country
33176 Dade/USA. **33176 U.S.A.-Dade**

4. FEI Number **65-0627226** Applied For Not Applicable

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 STREET ADDRESS CITY-ST-ZIP	PDTD GAINES, WILLYS A 14640 MONROE ST. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD CRANBERRY, DORIS J 16505 SW 103 COURT MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDD MCMILLAN, NADINE 16631 SW 104TH AVE MIAMI FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTST DANIELS, RUTHIE 11005 SW 157 TERR MIAMI FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M THOMAS, TONI J 1392 SW 90TH AVE #00108 MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL-ALEXANDER, DARLENE Y 17452 S.W. 104 AVE PERINE FL 33157 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Willys Ann Gaines* / **WILLYS ANN GAINES** **January 29, 2004** - **305-238-9662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #