

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90066 025 \*\*\*\*70.00

**DOCUMENT # N16398**

1. Entity Name  
**WILLYS GAINES DANCE THEATRE SCHOOL, INC.**



Principal Place of Business  
**14640 MONROE ST  
MIAMI FL 33176  
US**

Mailing Address  
**14640 MONROE ST  
RICHMOND HEIGHTS FL 33176  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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: Willys Ann Gaines Keely Ann Jacobs 1/17/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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: Keely Ann Jacobs Willys Ann Gaines 1/17/03 305-238-9662

CFR2E037 (10/02)