

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23850** (3)

1. Corporation Name

DANCE THEATRE OF FLORIDA, INC.



Principal Place of Business

Mailing Address

**111-2ND AVE NE
ST. PETERSBURG FL 33731
US**

**P O BOX 1424
ST. PETERSBURG FL 33731
US**

3. Date Incorporated or Qualified
12/14/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

28

29

4. FEI Number
59-2889445

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HELM, ADRIEN
2900 68TH AVE SO
ST PETERSBURG FL 33701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **HELM ADRIEN**
STREET ADDRESS **2900 68TH AVE SO**
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **DEREK NEWTON**
1.3 STREET ADDRESS **6150 Fifth Ave. N.**
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL. 33710**

TITLE **DP** ☐ DELETE
NAME **MUSSELMAN, M A**
STREET ADDRESS **111 2ND AVE NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **DOUG MC COWN**
2.3 STREET ADDRESS **7226 DEMENS DR. S.**
2.4 CITY-ST-ZIP **St. Petersburg, FL. 33705**

TITLE **D** ☒ DELETE
NAME **HOWARD, WILLIAM G**
STREET ADDRESS **227 COLONY PT DR S**
CITY-ST-ZIP **ST PETERSBURG FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **WM. KEBLER**
3.3 STREET ADDRESS **501 1ST AVE. N.**
3.4 CITY-ST-ZIP **ST. PETERSBURG, FL. 33701**

TITLE **D** ☒ DELETE
NAME **MARELLI, DAN P**
STREET ADDRESS **4401 29TH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **CHARLOTTE AUGERSSO**
4.3 STREET ADDRESS **255 JEFFER DR N.E.**
4.4 CITY-ST-ZIP **St. Petersburg, FLA. 33701**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **CAH BROWN**
5.3 STREET ADDRESS **111 2nd Ave. N.E.**
5.4 CITY-ST-ZIP **St. Petersburg, FLA. 33701**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012677

CR2E037 (3/96)