

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N26379**

1. Entity Name  
WORLD FEDERATION OF BALLROOM DANCERS, INC.



Principal Place of Business  
1077 PONCE DE LEON BLVD.  
% JOHN KIMMINS  
CORAL GABLES, FL 33134

Mailing Address  
1077 PONCE DE LEON BLVD.  
% JOHN KIMMINS  
CORAL GABLES, FL 33134



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2701031

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KIMMINS, JOHN  
1077 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000094288  
03/22/04-80053-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
THEISS, GEORGE B.  
1077 PONCE DE LEON BLVD.  
CORAL GABLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
STOUGH, ELEANOR LACKMAN  
128 EAST 6 STREET  
CINCINNATI, OH

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTS  
KIMMINS, JOHN  
1077 PONCE DE LEON BLVD.  
CORAL GABLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SODANO, SAM  
625 WOODS HOLLOW LANE  
POWELL, OH 43065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BULGER, VINCENT  
457 BLOOMFIELD AVE  
VERONA, NJ 07044

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

*John Kimmins* John Kimmins

3/19/04

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