

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1993



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

APPROVED
AND
FILED
95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34952 (4)

1. Corporation Name

DANCE COMMUNITY OF BREVARD, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1989	3a. Date of Last Report 02/21/1994
4. FEI Number 59-3014738	☒ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.002, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 P.O. BOX 540704 MERRITT ISLAND FL 32954	2a. Mailing Address 26 P.O. BOX 540704 MERRITT ISLAND FL 32954
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State 24 Zip 25 Country	28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent

DEAN, PAUL
740 RICHLAND AVE
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, the undersigned, 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 607.1505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

3-24-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	PHILLIPS, MARTA	1.2 NAME	MARTA PHILLIPS
STREET ADDRESS	740 RICHLAND AVE	1.3 STREET ADDRESS	740 RICHLAND AVE.
CITY- ST- ZIP	MERRITT ISLAND FL	1.4 CITY- ST- ZIP	MERRITT ISL. FL.
TITLE	V	2.1 TITLE	V
NAME	GONZALEZ, CHARLSIE	2.2 NAME	CHARLSIE GONZALEZ
STREET ADDRESS	5510 EAGLE WAY	2.3 STREET ADDRESS	5510 EAGLE WAY
CITY- ST- ZIP	MERRITT ISLAND FL	2.4 CITY- ST- ZIP	MERRITT ISL. FL.
TITLE	S	3.1 TITLE	S
NAME	COURTNEY, PAT	3.2 NAME	PAT COURTNEY
STREET ADDRESS	508 S PLUMOSA ST	3.3 STREET ADDRESS	508 PLUMOSA ST.
CITY- ST- ZIP	MERRITT ISLAND FL	3.4 CITY- ST- ZIP	MERRITT ISL. FL.
TITLE	T	4.1 TITLE	T
NAME	DEAN, PAUL	4.2 NAME	PAUL DEAN
STREET ADDRESS	315 BREVARD AVE.	4.3 STREET ADDRESS	740 RICHLAND AVE.
CITY- ST- ZIP	COCOA FL	4.4 CITY- ST- ZIP	MERRITT ISL. FL.
TITLE	D	5.1 TITLE	D
NAME	CLIFFORD, MONA	5.2 NAME	MONA CLIFFORD
STREET ADDRESS	2624 GRANADA BAY DR.	5.3 STREET ADDRESS	2624 GRANADA BAY DR.
CITY- ST- ZIP	MELBOURNE FL	5.4 CITY- ST- ZIP	MELBOURNE FL.
TITLE	D	6.1 TITLE	D
NAME	MATHENY, GRETTE ANN	6.2 NAME	GRETTE ANN MATHENY
STREET ADDRESS	2095 HARRISON ST.	6.3 STREET ADDRESS	2095 HARRISON ST.
CITY- ST- ZIP	TITUSVILLE FL	6.4 CITY- ST- ZIP	TITUSVILLE FL.

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number

3-24-95 407-636-6865