

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34952
1. Corporation Name
DANCE COMMUNITY OF BREVARD INC

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 740 RICHLAND AVE	26 SAME
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State MERITT ISLAND FL	28 City & State SAME
24 Zip 32953	29 Country USA
25	30

3. Date Incorporated or Qualified 10/27/1989	3a. Date of Last Report 05/1/1996
4. FEI Number 59-304738	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent
DEAN, PAUL
740 RICHLAND AVE.
MERITT ISLAND FL 32953

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PHILLIPS, MARTA	740 RICHLAND AVE FL.	MERRITT ISLAND	
	GONZALEZ, CHARLES	5510 EAGLE WAY	MERRITT ISLAND FL	<input type="checkbox"/> DELETE
	COURTNEY, PAT	5086 PLUMOSA CT.	MERRITT ISLAND FL	<input type="checkbox"/> DELETE
	DEAN, PAUL	740 RICHLAND AVE.	MERRITT ISLAND FL.	<input type="checkbox"/> DELETE
	CLIFFORD, MONA	2624 GRANADA BAY DR.	MELBOURNE FL.	<input type="checkbox"/> DELETE
	MATHENY, BETTA ANN	2098 HARRISON ST.	TITUSVILLE FL.	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		900002190749	-05/27/97--01006--020	***8.75
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	KILBURN, CINDY	2003 MUSKINGUM AVE.	COCOA FL	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	BUSH, REBECCA	63 MULBERRY ST.	COCOA FL.	5/14/97
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		800002190748	-05/27/97--01006--019	***61.25
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	WHEBEE, DAWN	890 JAMES TOWN DR.	ROCKLEDGE FL.	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	WINGS, CINDY	4165 HARRIS RD.	ROCKLEDGE FL.	

14. I do 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 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: _____ DATE: 4/22/1995 DAYTIME PHONE: 1-407-636-6865

CR2E037 (9/96)