

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90065 008 ****61.25

DOCUMENT # N34952

1. Corporation Name

DANCE COMMUNITY OF BREVARD, INC.

Principal Place of Business

**740 RICHLAND AVE
MERRITT ISLAND FL 32953**

Mailing Address

**740 RICHLAND AVE
MERRITT ISLAND FL 32953**

108075 - 90065 - 8 5 *

DEPARTMENT OF STATE



2. Principal Place of Business

21 740 RICHLAND AVE

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 MERRITT ISLAND FL

28 SAME

24 32953 **25 USA**

29 SAME **30 SAME**

3. Date Incorporated or Qualified

10/27/1989

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

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

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

P ☐ DELETE
NAME **PHILLIPS, MARTA**
STREET ADDRESS **740 RICHLAND AVE**
CITY-ST-ZIP **MERRITT ISLAND FL**

V ☐ DELETE
NAME **HILBURN, CINDY**
STREET ADDRESS **2003 MUSKINGUM AVE.**
CITY-ST-ZIP **COCOA FL**

S ☐ DELETE
NAME **BUSH, REBECCA**
STREET ADDRESS **63 MULBERRY ST.**
CITY-ST-ZIP **COCOA FL**

T ☐ DELETE
NAME **DEAN, PAUL**
STREET ADDRESS **740 RICHLAND AVE.**
CITY-ST-ZIP **MERRITT ISLAND FL**

D ☐ DELETE
NAME **WHEDBEE, DAWN**
STREET ADDRESS **890 JAMES TOWN DR.**
CITY-ST-ZIP **ROCKLEDGE FL**

D ☐ DELETE
NAME **WINES, CINDY**
STREET ADDRESS **4185 HARRELL RD.**
CITY-ST-ZIP **ROCKLEDGE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SAW 11/1999 407-459-080

0020740

CR2E037 (11/98)