FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42543** (1)

1. Corporation Name
DANCE ENSEMBLE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
12155 METRO PARKWAY SUITE 17 FORT MYERS FL 33912	12155 METRO PARKWAY SUITE 17 FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0289450 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEBB, STEPHANIE
12155 METRO PARKWAY
SUITE 17
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: THERESA NEWMAN
82 Street Address (P.O. Box Number Is Not Acceptable): 6800 DANAH Court
83
84 City: Fort Myers FL 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Theresa B. Newman
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	D	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	WEBB, ROSS	1.2 NAME	THERESA Newman	
STREET ADDRESS	3955 MCGREGOR BLVD.	1.3 STREET ADDRESS	6800 DANAH CT	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	Ft Myers Fl. 33908	
TITLE	D	2.1 TITLE	D/VP/T	☒ Change ☐ Addition
NAME	WEBB, STEPHANIE	2.2 NAME	SUSAN JESSEN	
STREET ADDRESS	3955 MCGREGOR BLVD.	2.3 STREET ADDRESS	15970 Triple Crown Ct	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	Ft Myers, Fl. 33912	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MARKOWSKI, LINDA	3.2 NAME	Linda Markowski	
STREET ADDRESS	15225 BRIAR RIDGE ROAD	3.3 STREET ADDRESS	17220 TerraVerde Circle #4	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	Ft Myers Fl	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	POTTORF, LINDA	4.2 NAME		
STREET ADDRESS	5429 BRANDY CIRCLE S.W.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D/S	☒ Change ☐ Addition
NAME	JESSEN, SUSAN	5.2 NAME	MARTHA NICHOLS	
STREET ADDRESS	15970 TRIPLE CROWN CT	5.3 STREET ADDRESS	1643 N. Hermitage Rd.	
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	Ft Myers, Fl. 33919	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HILL, DONNA	6.2 NAME		
STREET ADDRESS	19039 EVERGREEN ROAD S.E	6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL	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)(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: Susan H. Jessen SUSAN H. JESSEN 03-21-95 813 433 3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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