

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90200 020 ****61.25

DOCUMENT # N48110 1. Entity Name TAMPA FRIENDS OF OLD TIME DANCE, INC.					
Principal Place of Business P O BOX 21511 ST. PETERSBURG, FL 33742			Mailing Address P O BOX 21511 ST. PETERSBURG, FL 33742		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3115966	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRINCE, STANLEY 330 BAYVIEW DR N.E. ST. PETERSBURG, FL 33704				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRINCE, STANLEY 330 BAYVIEW DR N.E. ST PETERSBURG, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRINCE, STANLEY 330 BAYVIEW DR NE ST. PETERSBURG, FL 33704	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANCZYK, SUE 3720 46TH ST. N. SAINT PETERSBURG, FL 33714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORTON, JOSEPH 3720 46TH ST N ST. PETERSBURG, FL 33744	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AHRENS, ANDREA 1583 PENNWOOD CIR. CLEARWATER, FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRINCE, LINDA 330 BAYVIEW DR NE ST. PETERSBURG, FL 33704	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAPP, SUANNE 13205 THOMASVILLE CIRCLE #A TAMPA, FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD VACANT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
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: <u>Stanley R. Prince</u>			SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
STANLEY R. PRINCE			4/21/04 727-823-2725		
Date			Daytime Phone #		