

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49680

(4)

1. Corporation Name

TAMPA BAY DANCE COMPANY

Principal Place of Business

599 COREY AVE.
ST. PETE BEACH FL 33706
US

Mailing Address

P. O. BOX 173057
TAMPA FL 33672-3057
US



3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 ~~Krusoe & Associates~~

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2002 N. Lois Ave. 1511

Suite, Apt. #, etc.

City & State

23 Tampa, FL 33607

Zip

Country

24 33607

Country

25 Hillsborough

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TILLERY D. SCOT

599 COREY AVENUE

ST. PETE BEACH FL 33706

XXXXXXXXXXXX

2002 N. Lois Avenue 1511

Tampa, FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

700001797247
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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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME TAYLOR, JOANNE
STREET ADDRESS 3109 W. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL

TITLE SD
NAME EASTMAN, CAROLYN
STREET ADDRESS ONE HARBOUR PLACE
CITY-ST-ZIP TAMPA FL

TITLE TD
NAME BULNES, JOSETTE
STREET ADDRESS 400 NORTH ASHLEY
CITY-ST-ZIP TAMPA FL 33602

TITLE ED
NAME TILLERY, D. SCOT
STREET ADDRESS 599 COREY AVENUE
CITY-ST-ZIP ST. PETE BEACH FL

TITLE D
NAME EASTMAN, CAROLYN
STREET ADDRESS ONE HARBOUR PLACE
CITY-ST-ZIP TAMPA FL 33601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P
12 NAME D. Scot Tillery
13 STREET ADDRESS 10399 Paradise Blvd #108
14 CITY-ST-ZIP Treasure Island, FL 33706

21 TITLE S D
22 NAME Bonnie Gordon / MetLife
23 STREET ADDRESS 4100 Boy Scout Boulevard
24 CITY-ST-ZIP Tampa, FL 33607-3374

31 TITLE T D
32 NAME Barbara Reynolds / Krusoe & Assoc.
33 STREET ADDRESS 2002 N. Lois Avenue, Suite 160
34 CITY-ST-ZIP Tampa, FL 33607

41 TITLE Anne Hill - D
42 NAME Todays Temporary
43 STREET ADDRESS 5100 W. Kennedy Blvd. Suite 120
44 CITY-ST-ZIP Tampa, FL 33609

51 TITLE Keren Foster - D
52 NAME 525 Suwanee Circle
53 STREET ADDRESS Davis Island, FL 33606
54 CITY-ST-ZIP

61 TITLE Marilyn Lunskis - D
62 NAME 74 Columbia
63 STREET ADDRESS Davis Island, FL 33606
64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

7 (12/95)

4-26-96