## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999

Suite, Apt. #, etc.

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N50164

Country

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THE DANCE PROJECT, INC.		
Principal Place of Business	Mailing Address	_
204 N. 12TH ST. TAMPA FL 33602 US	204 n. 12th st. Tampa FL 33602 US	
Principal Place of Business	2a. Mailing Address	·

27

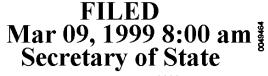
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Suite, Apt. #, etc.

City & State

Zip



03-09-1999 90086 026 \*\*\*\*61.25

 3. Date Incorporated or Qualifed 07/27/1992	
 4. FEI Number	Applied For

59-3180128

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent								
			81	Name								
MECHEVO	AFE ILIICA		-		(0.0.0. No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							
MESHEKOFF, LUISA			82	Street Address (P.O. Box Number is Not Acceptable)								
204 N 12TH ST			83									
tampa fi	_ 33602											
			84	City	FL	85 Zi	p 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  Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating)  DATE												
12.	Signature, typed or printed name of registered agent and title OFFICERS AND DIR		13.	t signature i	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12					
		DELETE	1.1 TITLE			[ ] Chang						
TITLE	D		1.1 NAME				_					
NAME	MESHEKOFF, LUISA											
STREET ADDRESS	5422 BAYSHORE BLVD			ADDRESS								
CITY-ST-ZIP	TAMPA FL	C ASI STE	1.4 CITY-S	T-ZIP		[ ] Chang	e					
TITLE	D	☐ DELETE	2.1 TITLE			Citaria	ACCIDION )					
NAME	PARKS, JOHN		2.2 NAME									
STREET ADDRESS			2.3 STREET	ADDRESS	1		ł					
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-S	T-ZIP		[7.0)						
TITLE	D	☐ DELETE	3.1 TITLE			Chang	e					
NAME	ROSSEY, CECILIA		3.2 NAME		1		ļ					
STREET ADDRESS	642 WATERSIDE WAY		3.3 STREET	ADDRESS	;							
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-S	T-ZIP								
TITLE	0	☐ DELETE	4.1 TITLE			Chang	je 🗌 Addition					
NAME	Brakke, Judy		4.2 NAME									
STREET ADDRESS	5857 25TH ST., S.		4.3 STREET	ADDRESS	s		•					
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-S	T-ZIP								
TITLE		☐ DELETE	5.1 TITLE			Chang	je 🔲 Addition					
NAME			5.2 NAME				}					
STREET ADDRESS			5.3 STREET	ADDRESS								
CITY-ST-ZIP			5.4 CITY-S	T-ZIP								
TITLE		☐ DELETE	6.1 TITLE			Chang	e Addition					
NAME			6.2 NAME		-							
STREET ADDRESS			6.3 STREET	ADORESS	3		ĺ					

Country

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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.

6.4 CITY-ST-ZIP

SIGNATURE: WILLIAM TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date OF SIGNING OFFICER OR DATE OF SIGNING OF SIGNING OFFICER OR DATE OF SIGNING OF

:R2E037 (11/98)

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees