

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N51169 (3)  
1. Corporation Name  
FRIENDS OF DANCE, INC.



Principal Place of Business  
2824 TIMBERWAY PLACE  
BRANDON FL 33511  
US

Mailing Address  
2824 TIMBERWAY PLACE  
BRANDON FL 33511  
US

3. Date Incorporated or Qualified  
10/02/1992

3a. Date of Last Report  
11/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 58-3188994	Applied For Not Applicable
21	26	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOD, STEPHEN R  
3400 LYKES AVE.  
TAMPA FL 33609

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: *Stephen R Hood*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GREGORY J	12. NAME	
STREET ADDRESS	2824 TIMBER WAY PLACE	13. STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	14. CITY-ST-ZIP	600001798836
TITLE	V VICE PRES.	21. TITLE	-04/29/96--01062--008
NAME	HOOD, DEBRA	22. NAME	***\$1.25
STREET ADDRESS	2904 W. EUCLID AVE.	23. STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	24. CITY-ST-ZIP	
TITLE	SD TD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ADA	32. NAME	
STREET ADDRESS	2824 TIMBER WAY PLACE	33. STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	34. CITY-ST-ZIP	
TITLE	OT	41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIMPHE, TINA	42. NAME	SD JACKSON, MARY
STREET ADDRESS	4105 S. BARTLETT	43. STREET ADDRESS	619-32 Avenue North
CITY-ST-ZIP	TAMPA FL 33611	44. CITY-ST-ZIP	St. Petersburg FL 33702
TITLE	D	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, ESTHER	52. NAME	
STREET ADDRESS	15704 MIFFLIN COURT	53. STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		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

GREGORY J ROBINSON, PRESIDENT

Date

Daytime Phone #

4-17-96 (813) 684-2596

CR2E037 (12/95)