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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51169** (3)

1. Corporation Name

FRIENDS OF DANCE, INC.

Principal Place of Business

Mailing Address

**2824 TIMBERWAY PLACE
BRANDON FL 33511
US**

**2824 TIMBERWAY PLACE
BRANDON FL 33511-7572
US**



3. Date Incorporated or Qualified
10/02/1992

3a. Date of Last Report
04/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

58-3188994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 **Stephen C. Dupre**

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

200 Central Ave Suite 2300

83

84 City **St. Petersburg**

FL

85 Zip Code **33701**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBINSON, GREGORY J	
STREET ADDRESS	2824 TIMBER WAY PLACE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOOD, DEBRA	
STREET ADDRESS	2904 W. EUCLID AVE.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, ADA	
STREET ADDRESS	2824 TIMBER WAY PLACE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, MARY	
STREET ADDRESS	619-32 AVENUE NORTH	
CITY-ST-ZIP	ST.PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, ESTHER	
STREET ADDRESS	15704 MIFFLIN COURT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Judith Lee Johnson	
1.3 STREET ADDRESS	2033 - 54th Ave North	
1.4 CITY-ST-ZIP	St Petersburg, Florida 33714	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sugar-Pi Whideburg	
2.3 STREET ADDRESS	901 Belleair Dr. NE.	
2.4 CITY-ST-ZIP	St Petersburg, Florida 33704	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jane East Beyer	
3.3 STREET ADDRESS	2037 Edge water Dr. #4	
3.4 CITY-ST-ZIP	Clearwater, Florida 34615	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kathleen Clement	
4.3 STREET ADDRESS	104 N.W. Lincoln Circle	
4.4 CITY-ST-ZIP	St Petersburg, Florida 33702	
5.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Paul R. Gibrich	
5.3 STREET ADDRESS	6072-3/5+ St South	
5.4 CITY-ST-ZIP	St Petersburg, Florida 33714	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cheryl Lee Dupre	
6.3 STREET ADDRESS	6006 - Gulfport Blvd. Suite 205	
6.4 CITY-ST-ZIP	St Petersburg, FL 33707	

14. I do 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 as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4-21-97** DAYTIME PHONE: **813-866-3343**

CR2E037 (9/96)