

FILED

May 05 1998 8:00am
Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51169
 1. Corporal or 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
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3. Date Incorporated or Qualified 10/02/92	4. FEI Number 58-3188994	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$6.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 31 6672 - 31 STREET So State, Apt. #, etc.	26. Mailing Address 26 6672 - 31 STREET So State, Apt. #, etc.
27. City & State 27 ST PETERSBURG FL	28. City & State 28 ST PETERSBURG FL
29. Zip 29 33712	30. Country 30 US

9. Name and Address of Current Registered Agent
DUPRE, STEVEN C.
200 CENTRAL AVENUE #2300
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name	86 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0002 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 617.0003, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when transferring title)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P ROBINSON, GREGORY J
STREET ADDRESS	2824 Timberway Place
CITY-STATE-ZIP	BRANDON FL 33511
TITLE	<input type="checkbox"/> DELETE
NAME	S JUDITH LEE JOHNSON
STREET ADDRESS	2033-54 AVE NO
CITY-STATE-ZIP	ST PETERSBURG FL 33714
TITLE	<input type="checkbox"/> DELETE
NAME	D SUGAR-PI WIEDEBURG
STREET ADDRESS	301 BELLAIR DR NE
CITY-STATE-ZIP	ST PETERSBURG FL 33704
TITLE	<input type="checkbox"/> DELETE
NAME	T JANE EAST BEYER
STREET ADDRESS	2087 EDGWATER DR #4
CITY-STATE-ZIP	CLARKWATER FL 34615
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D KATHLEEN CLEMENT
STREET ADDRESS	164 NW LINCOLN CIRCLE
CITY-STATE-ZIP	ST PETERSBURG FL 33702
TITLE	<input type="checkbox"/> DELETE
NAME	VP PAUL R ULBRICHT
STREET ADDRESS	6672 - 31 STREET So
CITY-STATE-ZIP	ST PETERSBURG FL 33712

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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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)(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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR
PAUL R. ULBRICHT, VP
 813-866-3343

CP2E037 (10/97)

FRIENDS OF DANCE, INC

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OFFICERS AND DIRECTORS

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CHERYL LEE DUPRE
6800 GULFPORT BLVD #205
ST PETERSBURG FL 33707