

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 # N95000004202 (6)

1. Corporation Name

FLORIDA ARTS, DANCE & FITNESS COMPANY



Principal Place of Business

3003 S.W. MARTIN DOWNS BLVD.
PALM CITY FL 34990

Mailing Address

3003 S.W. MARTIN DOWNS BLVD.
PALM CITY FL 34990

3. Date Incorporated or Qualified
09/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0604547

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

SPRINKLE, PHILLIP M II
PHILLIPS POINT-EAST TOWER
777 SOUTH FLAGLER DR. SUITE 900
W PALM BEACH FL 33401

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

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 ☐ DELETE

1.1 TITLE P.O

☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
MUELLER, JEANETTE
2002 S.W. RACQUETCLUB DR.
PALM CITY FL 34990

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE S.O

☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SANTOMENNO, AGNES
2002 S.W. RACQUETCLUB DR.
PALM CITY FL 34990

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE T.O

☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
D
HARRIGAN, KATHRYN
925 CENTRAL PARKWAY
STUART FL 34994

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

2100 SE Ocean Blvd. Suite 205
STUART FL 34996

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
D
GIANINO, PETER
217 E. OCEAN BLVD.
STUART FL 34994

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
D
FREEMAN, MARY
1995 S.W. MARTIN HWY.
PALM CITY FL 34990

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHMIDT, KATHY
2300 E. OCEAN BLVD.
STUART FL 34994

6.2 NAME

6.3 STREET ADDRESS

6.4 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 #

CR2E037 (12/95)