

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90010 002 ****61.25

DOCUMENT # N95000004202

1. Entity Name

FLORIDA ARTS, DANCE & FITNESS COMPANY



Principal Place of Business

**57 SW MONTEREY RD
STUART FL 34994
US**

Mailing Address

**57 SW MONTEREY RD
STUART FL 34994
US**

54007299



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0604547

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAGRATTA, GENEVIEVE
57 SW MONTEREY ROAD
STUART FL 34994**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PAGE, HUGH**
STREET ADDRESS **5248 SW LANDING CREEK DRIVE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **S** ☒ Delete
NAME **VAINA, KAREN**
STREET ADDRESS **1969 SW ST ANDREWS DR**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Delete
NAME **DITERLIZZI, MIKE**
STREET ADDRESS **1340 SW DYER POINT ROAD**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **P** ☐ Delete
NAME **VOKOUN, THOMAS**
STREET ADDRESS **4966 SE MANATEE COVE RD**
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ Delete
NAME **BRAIN, BETTY**
STREET ADDRESS **2082 SW RACQUET CLUB DRIVE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **Mueller, Jeanette**
STREET ADDRESS **2002 SW Racquet Club Dr.**
CITY-ST-ZIP **Palm City, FL 34990**

TITLE **S** ☐ Change ☒ Addition
NAME **Shepard, Brook**
STREET ADDRESS **815 Colorado Ave. - First Nat'l. Bank**
CITY-ST-ZIP **Stuart, FL 34994**

TITLE **T** ☐ Change ☒ Addition
NAME **Stoddard, Joanne**
STREET ADDRESS **3081 SW Harbour Bluff**
CITY-ST-ZIP **Palm City, FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Genevieve La Gratta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 27, 2004 (772) 288-4150

Date

Daytime Phone #