

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90069 035 ****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
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40009566



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0604547	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 Genevieve La Gratta, Executive Director 1-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, HUGH 5248 SW LANDING CREEK DRIVE PALM CITY, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Page, Hugh W. 5248 SW Landing Creek Dr. Palm City, FL 34990 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUELLER, JEANETTE 2002 SW RACQUET CLUB DR. PALM CITY, FL 34990 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Holleran, Martin 8272 SE Double Tree Dr. Hobe Sound, FL 33455 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITERLIZZI, MIKE 1340 SW DYER POINT ROAD PALM CITY, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rubin, Stephanie 542 SW Falcon St. Palm City, FL 34990 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOKOUN, THOMAS 4966 SE MANATEE COVE RD STUART, FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Vokoun, Thomas 4966 SE Manatee Cove Rd. Stuart, FL 34997 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAIN, BETTY 2082 SW RACQUET CLUB DRIVE PALM CITY, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Brain, Betty → ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEPARD, BROOK 815 COLORADO AVE., FIRST NATL BANK STUART, FL 34994 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stoddard, Joanne A. 3081 SW Harbour Place Palm City, FL 34994 ☐ Change ☒ Addition

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: Stephanie Rubin 1-25-05/772-220-5836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #