

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90113 045 ****61.25

DOCUMENT # N96000000349

1. Corporation Name

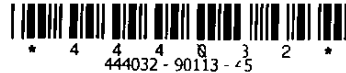
BALLROOM DANCESPORT THEATER OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

1208 S OSPREY AVE
SARASOTA FL 34239
US

Mailing Address

P.O. BOX 4037
SARASOTA FL 34230-4037
US



2. Principal Place of Business

21 **2272 Main Street**

Suite, Apt. #, etc.

22

City & State

23 **Sarasota, FL**

Zip

24 **34230**

Country

25 **US**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

65-0642837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BURNS, MARGARET
1208 S OSPREY AVE
SARASOTA FL 34239

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **PD**
DAY, BARBARA
STREET ADDRESS **83 TIDY ISLAND BLVD**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☒ DELETE

NAME **VPD**
THOMPSON, ARLENE
STREET ADDRESS **963 WATERSIDE LANE W**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE

NAME **SD**
MOSELEY, SUSAN
STREET ADDRESS **1724 MANATEE AVE W**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Patrick Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Kennedy

Apr 23, 1999

Date

Daytime Phone #

CR2E037 (11/98)