

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90072 045 *****61.25

DOCUMENT # N98000003856

1. Entity Name

SUPPORT DANCE, INC.



Principal Place of Business

**924 N DIXIE HIGHWAY
LAKE WORTH FL 33460**

Mailing Address

**924 N DIXIE HIGHWAY
LAKE WORTH FL 33460**

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 **65-0854931**

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

**MOE, RODERICK C
101 NORTH J STREET
SUITE 2
LAKE WORTH FL 33460**

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

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

T ☒ Delete
NAME **BISHOP, TRISHA**
STREET ADDRESS **7504 ALPHA CT EAST**
CITY-ST-ZIP **LAKE CLARKE SHORES FL 33406**

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

SD ☐ Delete
NAME **GIVENS, CRAIG**
STREET ADDRESS **724 N STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

PD ☒ Delete
NAME **EASTON, MARK**
STREET ADDRESS **1314 LAKE GENEVA DR**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

VD ☐ Delete
NAME **GEORGE, FIFI**
STREET ADDRESS **170 YALE DR**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

T ☐ Delete
NAME **KATHY CORTEZ**
STREET ADDRESS **924 N DIXIE HWY**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

Director ☐ Delete
NAME **Tami Valentine**
STREET ADDRESS **4397 Caryota Dr.**
CITY-ST-ZIP **Boynton Beach FL 33436**

☐ Change ☐ Addition
TITLE
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: **Tami Valentine** 4-2-03

561-582-3100

CR2E037 (10/02)