

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90003 015 ****70.00

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1. Entity Name
**PURE ENERGY DANCE PARENT TEACHER
ORGANIZATION, INC.**



Principal Place of Business
**12946 OKEECHOBEE BLVD
LOXAHATCHEE, FL 33470**

Mailing Address
**P.O. BOX 210721
WEST PALM BEACH, FL 33421**

54057135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0880627

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MCGRORY, FRANK
15327 KEY LIME BLVD.
LOXAHATCHEE, FL 33470**

Name **Tracey Smith**

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

269 Kensington Way

City **Wellington**

FL

Zip Code **33414**

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 **Tracey Smith**

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

(NOTE: Registered Agent signature required when reinstating)

5/14/04

DATE

**Filing Fee is \$61.25
Due by September 8, 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 NAME	PD MCGORY, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	15627 KEY LIME BLVD.	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE NAME	VD GILFUS, LORETTA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	16847 SHETLAND LANE	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE NAME	TD KAHN, CLAUDIA	<input type="checkbox"/> Delete
STREET ADDRESS	17144 63RD RD N	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE NAME	VD ZEIHER, AMBER	<input type="checkbox"/> Delete
STREET ADDRESS	2089 HAVERHILL CT.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE NAME	SD CROFT, CATHERINE	<input type="checkbox"/> Delete
STREET ADDRESS	110 PARKWOOD DR.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President Tracey Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	269 Kensington Way	
CITY-ST-ZIP	Wellington FL 33414	
TITLE NAME	Vice-president Lisa Kayda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	16745 Wiltshire Dr. W.	
CITY-ST-ZIP	Loxahatchee, FL 33470	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Claudia Kohn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/04

Date

Daytime Phone #