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

03

FILED

03 FEB 21 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003853

1. Entity Name

Pure Energy Dance Parent Teacher Org 1

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
12946 Okeechobee Blvd	P.O. Box 210721
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Loxahatchee FL	City & State: Royal Palm Beach, FL
Zip: 33470 Country: USA	Zip: 33421 Country: USA

4. FEI Number: 65 0880627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Candis B Donkin

Street Address: (P.O. Box Number Not Acceptable) 16318 E Edinburgh Dr

City: Loxahatchee FL Zip Code: 33470

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.

SIGNATURE: C. B. D. President 11/10/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

800009180938
11/20/02--01031--004 **70.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	2nd Vice President
NAME	Deborah Fezza D
STREET ADDRESS	14072 78th Place N.
CITY-ST-ZIP	Loxahatchee FL 33470
TITLE	President
NAME	Candis B. Donkin D
STREET ADDRESS	16318 E. Edinburgh Dr.
CITY-ST-ZIP	Loxahatchee FL 33470
TITLE	
NAME	Claudia Kahn SEC
STREET ADDRESS	17144 63rd Rd N.
CITY-ST-ZIP	Loxahatchee FL 33470
TITLE	Vice Pres.
NAME	Kendra Nowling D
STREET ADDRESS	1535 W Elaine Circle
CITY-ST-ZIP	WPB FL 33417
TITLE	Treasurer
NAME	Cindy Doll
STREET ADDRESS	9199 Lantern Drive
CITY-ST-ZIP	Lake Worth FL 33467
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: C. B. D. President 11/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

- JP 2/24