

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731445

Entity Name: ARMOUR DANCE THEATRE, INC**Current Principal Place of Business:**5818 SW 73RD STREET
SOUTH MIAMI, FL 33143**Current Mailing Address:**5818 SW 73RD STREET
SOUTH MIAMI, FL 33143 US**FEI Number:** 59-6163957**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIL, CAMILA
5818 SW 73RD STREET
SOUTH MIAMI, FL 33143 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, VP
Name EDWARDS, DENNIS
Address 2901 S. BAYSHORE DR.
 1F
City-State-Zip: COCONUT GROVE FL 33133

Title OFFICER
Name ALTMAN, NORMAN
Address 2000 S BAYSHORE DRIVE
 VILLA 4
City-State-Zip: MIAMI FL 33133

Title OTHER
Name GIL, CAMILA ANDREA
Address 3057 MARY STREET
 UNIT B
City-State-Zip: COCONUT GROVE FL 33133

Title OFFICER
Name EWING, RUTH
Address 3620 PERCIVAL AVE
City-State-Zip: MIAMI FL 33133

Title OFFICER
Name SLOAT, LISA
Address 1 GROVE ISLE #1603
City-State-Zip: COCONUT GROVE FL 33133

Title SECRETARY
Name LEWIS , CLAUDIA
Address 393 ARAGON AVE
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT
Name NOBOA, AMANDA
Address 10100 SW 145TH ST MIAMI
City-State-Zip: MIAMI FL 33176

Title OFFICER
Name LOVE, ALLY
Address 1 2ND STREET
 #1611
City-State-Zip: JERSEY CITY NJ 07302

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAMILA GIL**EXECUTIVE DIRECTOR****02/05/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name GRAY, MARISSA P
Address 16167 SW 74 PLACE
City-State-Zip: MIAMI FL 33157

Title OFFICER
Name BEASLEY, BRIAN
Address 6755 SW 74 STREET
City-State-Zip: MIAMI FL 33143

Title OFFICER
Name KROEGER, THOMAS
Address 7360 SW 65 AVENUE
City-State-Zip: SOUTH MIAMI FL 33143

Title OFFICER
Name ZINN, WARREN
Address 3810 BATTERSEA ROAD
City-State-Zip: MIAM FL 33133

Title OFFICER
Name SCHEINER, MICHAEL
Address 5910 SW 80TH STREET
City-State-Zip: MIAMI FL 33143

Title OFFICER
Name RUTH HOWARD, THERESA
Address 204 WASHINGTON STREET
#2
City-State-Zip: BLOOMFIELD NJ 07003

Title OFFICER
Name LEWIS-LEVIN, KAMI
Address 600 GRAPETREE DRIVE
#3DS
City-State-Zip: KEY BISCAYNE FL 33139