

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004202

Entity Name: FLORIDA ARTS & DANCE COMPANY**Current Principal Place of Business:**1849 SE FEDERAL HWY
STUART, FL 34994**Current Mailing Address:**1849 SE FEDERAL HWY
STUART, FL 34994 US**FEI Number:** 65-0604547**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLAGHER, JOANN
1849 SE FEDERAL HWY
STUART, FL 34994 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:** JOANN GALLAGHER

07/10/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name GALLAGHER, JOANN M
Address 1825 BRIDGEPOINTE CIR
City-State-Zip: VERO BEACH FL 32967

Title TREASURER
Name CAVE, WENDELL
Address 2029 NE GINGER TERRACE
City-State-Zip: JENSEN BEACH FL 34957

Title ADVISORY BOARD MEMBER
Name HANNAH, LINDA
Address 3553 SE FAIRWAY EAST
City-State-Zip: STUART FL 34997

Title BOARD MEMBER
Name BRAUN, LISA
Address 521 SW TIMBER TRAIL
City-State-Zip: STUART FL 34997

Title SECRETARY
Name WASHINGTON, THELMA
Address 184 NE BLAIRWOOD TRACE
City-State-Zip: JENSEN BEACH FL 34957

Title BOARD MEMBER
Name ARNER, NICOLE
Address 2144 BELLA VISTA WAY
City-State-Zip: PORT ST LUCIE FL 34952

Title BOARD MEMBER
Name SAMONS, WESLEY
Address 2144 BELLA VISTA WAY
City-State-Zip: PORT ST LUCIE FL 34952

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: JOANN GALLAGHER**PRESIDENT OF THE
BOARD**

07/10/2019

Electronic Signature of Signing Officer/Director Detail

Date