2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State
06-08-2007 90001 013 ****61.25

DOCUMENT # F04000006975

1. Entity Name
USA DANCE, INC.

Principal Place of Business
11420 ALDEN CT
HUDSON, FL 34667

Mailing Address
PO BOX 152988
CAPE CORAL, FL 33915-2988

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05242007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
54-1294098

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

CHURCHILL, SHERRY
11420 ALDEN CT
HUDSON, FL 34667

7. Name and Address of New Registered Agent

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

Filing Fee is $61.25
Due by September 14, 2007

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	S ☐ Delete
NAME	LOCKER, DAPHNA
STREET ADDRESS	1344 LOCUST ST
CITY-ST-ZIP	DENVER, CO 80220
TITLE	P ☐ Delete
NAME	FREEMAN, ESTHER
STREET ADDRESS	P.O. BOX 1750
CITY-ST-ZIP	JACKSONVILLE, OR 97530
TITLE	VP X ☒ Delete
NAME	ANDREWS, STAN
STREET ADDRESS	C/O 1001 BRUSH COLLEGE RD
CITY-ST-ZIP	DECATUR, IL 62521
TITLE	T ☐ Delete
NAME	ANDREW, LELAND E CPA
STREET ADDRESS	14 WALNUT ST.
CITY-ST-ZIP	WARWICK, RI 028881038
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP X ☒ Change ☐ Addition
NAME	Lydia Scardina
STREET ADDRESS	30 Entrada Ct.
CITY-ST-ZIP	San Francisco CA 97530
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Leland E. Andrew 5/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #