

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006975

FILED
Jan 30, 2009
Secretary of State

Entity Name: USA DANCE, INC.

Current Principal Place of Business:

8028 LINKS WAY
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

PO BOX 152988
CAPE CORAL, FL 339152988

New Mailing Address:

FEI Number: 54-1294098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POVER, PETER
8028 LINKS WAY
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SCARDINA, LYDIA
Address: 30 ENTRADA CT
City-St-Zip: SAN FRANCISCO, CA 97530

Title: T () Delete
Name: ANDREW, LELAND E CPA
Address: 14 WALNUT ST.
City-St-Zip: WARWICK, RI 028881038

Title: P () Delete
Name: POYER, PETER
Address: 8028 LINKS WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SEC () Delete
Name: ANDREWS, STAN
Address: 5035 S. LAKE DR
City-St-Zip: CUDAHY, WI 53110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: ESTHER, FREEMAN
Address: P O BOX 1750
City-St-Zip: JACKSONVILLE, OR 97530

Title: PRES (X) Change () Addition
Name: POVER, PETER
Address: 8028 LINKS WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SEC (X) Change () Addition
Name: ANDREWS, STAN
Address: 1005 BRUSH COLLEGE RD
City-St-Zip: DECATUR, IL 62521

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER POVER

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date