


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 737266 1. Entity Name GULF COAST DANCE INC		
Principal Place of Business 2413 MCGREGOR BLVD P O BOX 1593 FT MYERS, FL 33902-1593 US		Mailing Address 2413 MCGREGOR BLVD P O BOX 1593 FT MYERS, FL 33902-1593 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANTHONY J. GARGANO 2075 W. FIRST ST. FORT MYERS, FL 33901		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOCHETTE, JEANNE 2413 MCGREGOR BLVD FORT MYERS, FL 339021593	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOCHETTE, ALYCE 1435 THISTLE DOWN WAY FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THAGGARD, CAROL 1853 MAPLE AVE FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILTSHIRE, CATHERINE 1345 STADLER DRIVE FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD MAUPIN, SAUNDRA 8041 SOUTH WOODS CIR #12 FORT MYERS, FL 33919	
TITLE 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: <u>Carol Thaggard</u> CAROL THAGGARD		<u>1/12/07</u> <u>239-3343274</u> <small>Date Daytime Phone #</small>



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1735239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000593165
01/22/07-80021-002 61.25

**DO NOT WRITE
IN THIS SPACE**