

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90031 047 \*\*\*\*61.25

**DOCUMENT # N00000003254**

1. Entity Name

DANCE MANIA PANTHERS, INC.



Principal Place of Business

400 STAN DR., UNIT 5  
W. MELBOURNE, FL 32904  
4200 Dow Rd Ste A  
Melbourne FL 32934

Mailing Address

400 STAN DR., UNIT 5  
W. MELBOURNE, FL 32904  
4337 Davidia Dr.  
Melbourne FL 32934

50003752



01072005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3652601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRODERICK, GLENDA F P/S D  
4337 DAVIDIA DR  
MELBOURNE, FL 32934

**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

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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME BRODERICK, GLENDA F PSD  
STREET ADDRESS 4337 DAVIDIA DR  
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE VD  
NAME BRODERICK, GLENDA F V D  
STREET ADDRESS 4337 DAVIDIA DR  
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE VD  
NAME GISH, KRISTIN D  
STREET ADDRESS 4337 DAVIDIA DR  
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Glenda Broderick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05 321-795-9915  
Date Daytime Phone #