

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004955

FILED
Apr 27, 2009
Secretary of State

Entity Name: DANCE FOR THOSE WHO CAN'T, INC.

Current Principal Place of Business:

13109 TALL PINE CIRCLE
FORT MYERS, FL 33907

New Principal Place of Business:

13180 TALL PINE CIRCLE
FORT MYERS, FL 33907

Current Mailing Address:

13109 TALL PINE CIRCLE
FORT MYERS, FL 33907

New Mailing Address:

PO BOX 214
FORT MYERS, FL 33902

FEI Number: 65-1125976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICK, KENNA M
13109 TALL PINE CIRCLE
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

PATRICK, MICHELE
13180 TALL PINE CIRCLE
FORT MYERS, FL 33907 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: MICHELE PATRICK

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PATRICK, KENNA M
Address: 13109 TALL PINE CIRCLE
City-St-Zip: FT.MYERS, FL 33907 US

Title: D () Delete
Name: HILLER, CARLYN
Address: 13180 TALL PINE CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: PATRICK, KENNETH A
Address: 13180 TALL PINE CIRCLE
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PATRICK, KENNA M
Address: 13180TALL PINE CIRCLE
City-St-Zip: FT.MYERS, FL 33907 US

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

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

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: KENNA M PATRICK

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date