## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

## FILED Sep 15, 2004 8:00 am Secretary of State

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## **DOCUMENT # N02000000874** 1. Entity Name VOLUSIA DANCE THEATRE, INC. 09-15-2004 90002 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 196 NORTH INDUSTRIAL DRIVE 196 NORTH INDUSTRIAL DRIVE ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 Principal Place of Business Mailing Address AO DEHOLA Suite, Apt. #, etc. 854 DOLRUNTVQ Suite, Apt. #, etc. 09132004 Chg-NP CR2E037 (10/03) 4. FEI Number 30-0045925 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MILLS, WENDY 11012 ISLAND BAY CIRCLE Street Address (P.O. Box Number is Not Acceptable) SANFORD, FL 32771 8. The above named entity submits this statement for the purpose of changing its registered office or register nt, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURI Make check payable to **\$5.00** May Be 9. Election Campaign Financing filing Fee is \$61,25 Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change ■ Addition MILLS, WENDY NAME NAME 11012 ISLAND BAY CIRCLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP Addition TITLE TILE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITI F ☐ Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.