

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90080 024 \*\*\*\*61.25

**DOCUMENT # N02000000874**

1. Entity Name  
**VOLUSIA DANCE THEATRE, INC.**



Principal Place of Business  
**840 DELTONA BLVD  
DELTONA, FL 32725**

Mailing Address  
**2854 POERUN TRAIL  
ORANGE CITY, FL 32763**

**00001000**



2. Principal Place of Business  
**135 W. Church Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**755 Morrissey Drive**  
Suite, Apt. #, etc.  
**9112**

08112005 Chg-NP CR2E037 (10/03)

City & State  
**DeLand, FL**  
Zip  
**32720**

Country  
**USA**

City & State  
**Orange City, FL**  
Zip  
**32763**

Country  
**USA**

4. FEI Number  
**30-0045925**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OLSON, WENDY  
2854 DOE RUN TRAIL  
ORANGE CITY, FL 32763**

**7. Name and Address of New Registered Agent**

Name  
**Wendy Olson**  
Street Address (P.O. Box Number is Not Acceptable)  
**755 Morrissey Drive**  
**#9112**  
City  
**Orange City** **FL** Zip Code  
**32763**

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

*Wendy Olson* **Wendy Olson**

**8.10.05**

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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD MILLS, WENDY 2854 DOE RUN TRAIL ORANGE CITY, FL 32763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, ALICIA 100 E. KENTUCKY AVE E101 DELAND, FL 32724	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, KENNETH 2854 DOE RUN TRAIL ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Artistic Director Wendy Olson 755 Morrissey Drive, #9112 Orange City, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Carlene Despard 2564 S. Spring Garden Ave DeLand, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Judy Swisher 935 Sylva Ave Orange City, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wendy Olson* **Wendy Olson** **8.10.05** **407.474.1573**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #