

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000874

FILED  
Sep 03, 2008  
Secretary of State

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

**Current Principal Place of Business:**

3090 SIXMA ROAD  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

118 LITTLETON CIRCLE  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 30-0045925      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

OLSON, WENDY  
118 LITTLETON CIRCLE  
DELAND, FL 32724      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: AD      ( ) Delete  
Name: OLSON, WENDY  
Address: 118 LITTLETON CIRCLE  
City-St-Zip: DELAND, FL 32724

Title: BM      ( ) Delete  
Name: DESPARD, CARLENE  
Address: 2564 S SPRING GARDEN AVE  
City-St-Zip: DELAND, FL 32720

Title: BM      ( ) Delete  
Name: SWISHER, JUDY  
Address: 935 SYLVA AVE  
City-St-Zip: ORANGE CITY, FL 32763

Title: BM      ( ) Delete  
Name: NEESE, DEBBIE  
Address: 1615 DUNLAP DRIVE  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: WENDY OLSON

AD

09/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date