

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000006472**

**1. Entity Name**  
**DANCE UNLIMITED COMPETITION BOOSTERS, INC.**



**Principal Place of Business**  
**4220 APPALOOSA RD**  
**SEBRING, FL 33875**

**Mailing Address**  
**4220 APPALOOSA RD**  
**SEBRING, FL 33875**



03012007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**22-3862086**

Applied For
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

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

**STEPHENSON, LISA**  
**4220 APPALOOSA RD**  
**SEBRING, FL 33875**

**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, 2007

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>STEPHENSON, LISA</b>
<b>STREET ADDRESS</b>	<b>4220 APPALOOSA RD</b>
<b>CITY-ST-ZIP</b>	<b>SEBRING, FL 33875</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>DIEFENDORF, DOREEN</b>
<b>STREET ADDRESS</b>	<b>5310 OAK RD</b>
<b>CITY-ST-ZIP</b>	<b>SEBRING, FL 33875</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>SCHMIDT, KRIS</b>
<b>STREET ADDRESS</b>	<b>2802 DUFFER RD</b>
<b>CITY-ST-ZIP</b>	<b>SEBRING, FL 33872</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

000000763241  
05/23/07-80048-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Lisa M. Stephenson*  
**Lisa M. Stephenson**

**5/16/07 863 382-0114**

Daytime Phone #