

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 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**



04012008 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**

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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, 2008**

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

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

UG00000950885
06/04/08-80010-006 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME STEPHENSON, LISA
STREET ADDRESS 4220 APPALOOSA RD
CITY-ST-ZIP SEBRING, FL 33875

TITLE D
NAME DIEFENDORF, DOREEN
STREET ADDRESS 5310 OAK RD
CITY-ST-ZIP SEBRING, FL 33875

TITLE D
NAME SCHMIDT, KRIS
STREET ADDRESS 2802 DUFFER RD
CITY-ST-ZIP SEBRING, FL 33872

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #