

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001009

FILED
Jun 19, 2007
Secretary of State

Entity Name: FLORIDA DANCE EDUCATION ORGANIZATION, INC.

Current Principal Place of Business:

1400 S. OCEAN DR.
APT. 1002
HOLLYWOOD, FL 33019

New Principal Place of Business:

1415 FOUNTAIN AVENUE
FORT MYERS, FL 33919

Current Mailing Address:

1400 S. OCEAN DR.
APT. 1002
HOLLYWOOD, FL 33019

New Mailing Address:

1415 FOUNTAIN AVENUE
FORT MYERS, FL 33919

FEI Number: 41-2078024 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:

SHUKER, VIRGINIA B
1400 S. OCEAN DR.
APT. 1002
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

GAIR, PATRICIA A PRES.
1415 FOUNTAIN AVENUE
FORT MYERS, FL 33919 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: PATRICIA A. GAIR

06/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHUKER, VIRGINIA B PRES.
Address: 1400 S. OCEAN DR., APT. 1002
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: T () Delete
Name: CLIFFORD-BAKER, MONA TREAS.
Address: 5211 CEDAR HAMMOCK DR.
City-St-Zip: SARASOTA, FL 34232

Title: S () Delete
Name: BROOKS, CLARENCE
Address: CULVER HOUSE, 491 W. CAMINO REAL, APT. 1
City-St-Zip: BOCA RATON, FL 33432

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GAIR, PATRICIA A PRES.
Address: 1415 FOUNTAIN AVENUE
City-St-Zip: FORT MYERS, FL 33919 US

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

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

Title: PP () Change (X) Addition
Name: SHUKER, VIRGINIA PAST-PR
Address: 1400 S. OCEAN DR., APT. 1002
City-St-Zip: HOLLYWOOD, FL 33019 US

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: PATRICIA A. GAIR

PRES

06/19/2007

Electronic Signature of Signing Officer or Director

Date