

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001009

FILED
Apr 15, 2009
Secretary of State

Entity Name: FLORIDA DANCE EDUCATION ORGANIZATION, INC.

Current Principal Place of Business:

1415 FOUNTAIN AVENUE
FORT MYERS, FL 33919

New Principal Place of Business:

2807 PALAMORE DRIVE
TAMPA, FL 33618

Current Mailing Address:

1415 FOUNTAIN AVENUE
FORT MYERS, FL 33919

New Mailing Address:

2807 PALAMORE DRIVE
TAMPA, FL 33618 US

FEI Number: 41-2078024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ACOSTA, CHRISTINA PRES.
2807 PALAMORE DRIVE
TAMPA, FL 33618 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: CHRISTINA ACOSTA

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: T () Delete
Name: HARVIE, JESSICA TREAS.
Address: 117 LAKE BUTLER AVENUE
City-St-Zip: HAINES CITY, FL 33844

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

Title: PE () Delete
Name: ACOSTA, CHRISTINA PRES-EL
Address: 2807 PALAMORE DRIVE
City-St-Zip: TAMPA, FL 33618 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ACOSTA, CHRISTINA PRES.
Address: 2807 PALAMORE DRIVE
City-St-Zip: TAMPA, FL 33618 US

Title: T (X) Change () Addition
Name: HARVIE, JESSICA TREAS.
Address: 117 LAKE BUTLER AVENUE
City-St-Zip: HAINES CITY, FL 33844 US

Title: S (X) Change () Addition
Name: TORANIKA, WASHINGTON
Address: 721 LYONS ROAD 15208
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: PP (X) Change () Addition
Name: GAIR, PATRICIA PAST-PR
Address: 1415 FOUNTAIN AVENUE
City-St-Zip: FORT MYERS, FL 33919 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: CHRISTINA ACOSTA

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date