

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009534

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: DANCE OF DAVID MINISTRIES, INC.

**Current Principal Place of Business:**

4921 OAKSHIRE DR  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

4921 OAKSHIRE DR  
TAMPA, FL 33625

**New Mailing Address:**

FEI Number: 20-1580732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLOYD, HERBERT  
4921 OAKSHIRE DR  
TAMPA, FL 33625 US

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

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: D ( ) Delete  
Name: DOUGLAS, PHYLLIS ESQ  
Address: 2259 RAVEN CIR  
City-St-Zip: LITHONIA, GA 30058

Title: D ( ) Delete  
Name: WHITE, TAMMI  
Address: 556 BONNIE BELL LN  
City-St-Zip: BIRMINGHAM, AL 35210

Title: D ( ) Delete  
Name: WHITE, SHERRI  
Address: 7216 GATESHEAD CIR #6  
City-St-Zip: ORLANDO, FL 32822

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

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

Title: D (X) Change ( ) Addition  
Name: WHITE, TAMMI  
Address: 1584 MOUNTAIN LODGETRAIL  
City-St-Zip: IRONDALE, AL 35210 US

Title: D (X) Change ( ) Addition  
Name: WHITE, SHERRI  
Address: 3038 ANTIQUE OAKS CIRCLE APT. #162  
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANGELA FLOYD, MSW

CEO

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date