

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012907

FILED
Apr 24, 2009
Secretary of State

Entity Name: EXCELLENCE DANCE STUDIO, INC.

Current Principal Place of Business:

124 S. HARRY AVE.
MADISON, FL 32340

New Principal Place of Business:

325 NW TURNER DAVIS DR
MADISON, FL 32340

Current Mailing Address:

P.O. BOX 10557
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 20-8094996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, EMMA
282 S.E. AMMONS AVE.
MADISON, FL 32340 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: O/D () Delete
Name: DUNCAN, SHERIKA
Address: PO BOX 10557
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: BROWN, CHINYERE
Address: 913 LINCOLN SQUARE APT. H.
City-St-Zip: ELK GROVE, IL 60007

Title: D () Delete
Name: ROBINSON, DENISE L
Address: 301 N.E. BAMBOO TRAIL
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: THOMAS, TAMEKA
Address: PO BOX 5465
City-St-Zip: TALLAHASSEE, FL 32314

Title: D () Delete
Name: PETERSON, JONATHAN F
Address: 4509 DESLIN COURT
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SIMMONS, MELONIE
Address: 525 CIRCLE DRIVE
City-St-Zip: QUINCY, FL 32351

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

Title: D (X) Change () Addition
Name: THOMAS, SHIMOQUA
Address: 2665 NORTH POINTE COURT APT B
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Change () Addition
Name: PETERSON, JONATHAN F
Address: 4509 DESLIN COURT
City-St-Zip: TALLAHASSEE, FL 32305

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: JONATHAN F. PETERSON

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date