

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001114

FILED  
Aug 09, 2008  
Secretary of State

Entity Name: VISIONARIES DANCE MINISTRY INC.

## Current Principal Place of Business:

5963 NW 29 STREET  
SUNRISE, FL 33313

## New Principal Place of Business:

4465 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

## Current Mailing Address:

5963 NW 29 STREET  
SUNRISE, FL 33313

## New Mailing Address:

4465 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

FEI Number: FEI Number Applied For (X) 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:

TAYLOR, DIANNE  
5963 NW 29 STREET  
SUNRISE, FL 33313 US

## Name and Address of New Registered Agent:

TAYLOR, DIANNE  
4465 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 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: DIANNE TAYLOR

08/09/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TAYLOR, DIANNE  
Address: 5963 NW 29 STREET  
City-St-Zip: SUNRISE, FL 33313

Title: OFF ( ) Delete  
Name: ROBINSON, DONNA  
Address: 5963 NW 29 STREET  
City-St-Zip: SUNRISE, FL 33313

Title: OFF ( ) Delete  
Name: LYONS, PATRICIA  
Address: 5963 NW 29 STREET  
City-St-Zip: SUNRISE, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TAYLOR, DIANNE  
Address: 4465 NORTH STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKE, FL 33319

Title: O (X) Change ( ) Addition  
Name: DONNA, WILLIAMSON  
Address: 6230 DUVAL DRIVE  
City-St-Zip: MARGATE, FL 33063

Title: O (X) Change ( ) Addition  
Name: LYONS, PATRICIA  
Address: 5963 NW 29 STREET  
City-St-Zip: SUNRISE, FL 33313

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: DIANNE TAYLOR

D

08/09/2008

Electronic Signature of Signing Officer or Director

Date