

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003975

FILED
Apr 30, 2009
Secretary of State

Entity Name: LESLIE'S DANCE TEAM, INC.

Current Principal Place of Business:

401 SW PARK ST
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

401 SW PARK ST
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 26-1477070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: STOKES, LESLIE
Address: 401 SW PARK ST
City-St-Zip: OKEECHOBEE, FL 34972

Title: V () Delete
Name: FRADY, JANELLE
Address: 2790 NW 50TH AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: S () Delete
Name: WISENER, MISSY
Address: 1701 SW 37TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: T () Delete
Name: COLEMAN, KRISTIE
Address: 400 SW 87TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: ROBERTSON, GRETCHEN H
Address: 309 NE 2ND ST.
City-St-Zip: OKEECHOBEE, FL 34972

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

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

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: KRISTIE COLEMAN

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date