

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009999

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** UNIVERSAL DANCE BOOSTERS ORGANIZATION INC.

**Current Principal Place of Business:**

640 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

640 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

P.O. BOX 494422  
PORT CHARLOTTE, FL 33949

**FEI Number:** 27-0400281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BETTLEY, JOSEPH A CPA  
1717 NATRONA DR  
NORT PORT, FL 34286 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  
Name: CHAPIN, LISA  
Address: 23346 FREEPORT AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VP  
Name: CRANMER, BRIANNA  
Address: 143 HARRISBURG  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: T  
Name: PETROSKY, JENNIFER  
Address: 2441 PAN AMERICAN BLVD  
City-St-Zip: NORTH PORT, FL 34287

Title: S  
Name: GIGLIO, MICHELLE  
Address: 319 WATERSIDE ST  
City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby 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 all other like empowered.

**SIGNATURE:** LISA CHAPIN

P

01/13/2012

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

\_\_\_\_\_  
Date