

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:54****DOCUMENT # N37411 (8)**

1. Corporation Name

**CENTRAL FLORIDA DANCE THEATRE PERFORMING ARTS GR
OUP, INC.**

Principal Place of Business

Mailing Address

**1600 PARK MANOR DR
ORLANDO FL 32825
US****854 BARBADOS AVENUE
ORLANDO FL 32825**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1990

3a. Date of Last Report

03/15/1994

4. FEI Number

59-3009156

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒**\$68.75 Supplemental
Fee Not Required**8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.**26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip Country**28** Zip Country**24** **25****29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEHLINGER, CHARLES A.
711 BALLARD STREET
#101
ALTAMONTE SPRINGS FL 32701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	STORK, JOHN T	954 BARBADOS AVE	ORLANDO FL
D	CONNELL, PAT	617 OAK MANOR CIR	ORLANDO FL
SD	STINARD, CHARLENE	9838 MONTELLO DR	ORLANDO FL
D	RICHARDSON, JULIE	2511 NAK NAK RUN	OVIEDO FL
TD	STORK, LOIS M	954 BARBADOS AVE	ORLANDO FL
D	SANDERSON, CINDY	834 CANDLEBERRY RD	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

**D WENDI SCOTT
10513 JEPSON ST
ORLANDO FL 32825**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

1/17/95 (407) 273-4017