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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37411** (8)
1. Corporation Name
**CENTRAL FLORIDA DANCE THEATRE PERFORMING ARTS GR
OUP, INC.**

Principal Place of Business Mailing Address
**1800 PARK MANOR DR
ORLANDO FL 32825
US** **954 BARBADOS AVENUE
ORLANDO FL 32825**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
04/03/1990
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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **D SCOTT, WENDI**
STREET ADDRESS **10513 JEPSON ST**
CITY-ST-ZIP **ORLANDO FL**
TITLE ☒ DELETE
NAME **D KATHY**
STREET ADDRESS **KEENE, KASHY**
CITY-ST-ZIP **337 ALISON DAPHNE CIRCLE**
ORLANDO FL
TITLE ☐ DELETE
NAME **TD STARC**
STREET ADDRESS **STARC, LOIS M**
CITY-ST-ZIP **954 BARBADOS AVE**
ORLANDO FL
TITLE ☒ DELETE
NAME **D BROOKS, LINDA**
STREET ADDRESS **506 CHARLES WOOD DRIVE**
CITY-ST-ZIP **ORLANDO FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **LINDA KEENE**
2.3 STREET ADDRESS **5445 CANAL CTS DR**
2.4 CITY-ST-ZIP **WINTER SPRINGS FL 32708**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **CINDY SANDERSON**
4.3 STREET ADDRESS **934 CANDLERBORRY RD**
4.4 CITY-ST-ZIP **ORLANDO FL 32825**
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] **LOIS M. STARC** **4/27/98** **407-223-4017**

CR2E037 (10/97)