

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44611

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CLOUD DANCERS INCORPORATED

**Current Principal Place of Business:**

400 BREEZE BY WAY  
SEBRING, FL 338756324 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 BREEZE BY WAY  
SEBRING, FL 338756324 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

CRUTCHFIELD, TERRI L  
400 BREEZE BY WAY  
SEBRING, FL 338756324 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: D                      ( ) Delete  
Name: CRUTCHFIELD, TERRI L  
Address: 400 BREEZE BY WAY  
City-St-Zip: SEBRING, FL 338756324

Title: D                      ( ) Delete  
Name: CRUTCHFIELD, THOMAS SCOTT  
Address: 400 BREEZE BY WAY  
City-St-Zip: SEBRING, FL 338756324

Title: D                      ( ) Delete  
Name: THOMAS, JOHN  
Address: 3235-A US HWY 441/27  
City-St-Zip: FRUITLAND PARK, FL 34731

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: TERRI L. CRUTCHFIELD

D

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date