

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51169

FILED
Mar 09, 2006
Secretary of State

Entity Name: FRIENDS OF DANCE, INC.

Current Principal Place of Business:

6672-31 STREET SOUTH
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2861
DUPRE
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 58-3188994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
% CORPORATE CENTER 3 AT INTERNATIONAL PLZ
4221 WEST BOY SCOUT BLVD., 10TH FL
TAMPA, FL 33607 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: S () Delete
Name: STALKER, KATIE
Address: 345 BELLE POINTE DR
City-St-Zip: ST PETE BEACH, FL 33706

Title: VPD () Delete
Name: COOPER, DENISE
Address: 4096 40 ST S.
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D () Delete
Name: JORGENSEN, CHERYL LEE
Address: 6800 GULFPORT BLVD. #205
City-St-Zip: ST. PETERSBURG, FL 33707

Title: PD () Delete
Name: ULBRICHT, PAUL R.
Address: 6672-31ST ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D () Delete
Name: GRACE, CATHY
Address: 4350 GULF BLVD
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: TR () Delete
Name: DUPRE, STEVEN C
Address: 365 - 2ND ST W
City-St-Zip: TERRA VERDA, FL 33715

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:

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 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: STEVEN C. DUPRE

TR

03/09/2006

Electronic Signature of Signing Officer or Director

Date