

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2007**  
**Secretary of State**

DOCUMENT# N51169

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: S            (X) Change ( ) Addition  
Name: CLAEISSON, CATHY  
Address: 502 LAGUNA DR  
City-St-Zip: TIERRA VERDE, FL 33715

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

01/12/2007

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

\_\_\_\_\_  
Date