

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004852**

1. Entity Name  
**FLORIDA DANCE THEATRE, INC.**



Principal Place of Business

**305 W MAIN ST  
LAKELAND, FL 33815 US**

Mailing Address

**POB 831  
LAKELAND, FL 33802 US**



05012008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3263127**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ERKES, CAROL  
230 COLLEGE GROVE CIRCLE  
WINTER HAVEN, FL 33881**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BULTZ, KELLY
STREET ADDRESS	755 LAKE NED ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	ERKES, CAROL J
STREET ADDRESS	230 COLLEGE GROVE CIRCLE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	VPD
NAME	PUNAM, SAXENA
STREET ADDRESS	2165 EMERALD RIDGE RD
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	TD
NAME	WORLOW, ANGELA
STREET ADDRESS	3737 WILLOW WISPER DR NORTH
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	D
NAME	BURT, ARTHUR W
STREET ADDRESS	1332 EDGEWATER BEACH DR.
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	SD
NAME	LANIER, SHANNON
STREET ADDRESS	213 RIGGINS ST.
CITY-ST-ZIP	LAKELAND, FL 33801

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06/02/08-80006-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08

Date

Daytime Phone #

863-802-0399