

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004852

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA DANCE THEATRE, INC.

Current Principal Place of Business:

305 W MAIN ST
LAKELAND, FL 33815 US

New Principal Place of Business:

Current Mailing Address:

POB 831
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 59-3263127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERKES, CAROL
230 COLLEGE GROVE CIRCLE
WINTER HAVEN, FL 33881 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: PD () Delete
Name: BULTZ, KELLY
Address: 755 LAKE NED ROAD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D () Delete
Name: ERKES, CAROL J
Address: 230 COLLEGE GROVE CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: VPD () Delete
Name: PUNAM, SAXENA
Address: 2165 EMERALD RIDGE RD
City-St-Zip: LAKELAND, FL 33813

Title: TD () Delete
Name: WORLOW, ANGELA
Address: 3737 WILLOW WISPER DR NORTH
City-St-Zip: LAKELAND, FL 33810 US

Title: D () Delete
Name: BURT, ARTHUR W
Address: 1332 EDGEWATER BEACH DR.
City-St-Zip: LAKELAND, FL 33805

Title: SD (X) Delete
Name: LANIER, SHANNON
Address: 213 RIGGINS ST.
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FORE, ASHLEY
Address: 1040 SUGARTREE LANE N
City-St-Zip: LAKELAND, FL 33813 US

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: SD (X) Change () Addition
Name: BUCK, STEVIE
Address: 714 JEFFERSON AVE
City-St-Zip: LAKELAND, FL 33801

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: CAROL J ERKES

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date