

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90248 037 \*\*\*\*61.25

**DOCUMENT # N98000005845**

1. Entity Name  
**DANCE OCALA, INC.**



Principal Place of Business  
**1601 NE. 25TH AVENUE STE. 706  
OCALA, FL 34470**

Mailing Address  
**1105 N.E. 46TH CT.  
OCALA, FL 34470**

**94072514**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-3292029**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTHEWS, KAREN  
501 SW 96 LANE  
OCALA, FL 34476**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reconstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MCCREIGHT, DEBBIE**  
CITY-ST-ZIP **1105 N.E. 46TH COURT  
OCALA, FL 34470**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **MATTHEWS, KAREN**  
CITY-ST-ZIP **501 SW 96 LANE  
OCALA, FL 34476**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **MATCHETT, BETTY**  
CITY-ST-ZIP **10 HICKORY LOOP WAY  
OCALA, FL 34472**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **SHURTER, LAURA**  
CITY-ST-ZIP **5105 SE 4 ST  
OCALA, FL 34471**

TITLE ☒ Change ☐ Addition  
NAME **Treasurer**  
STREET ADDRESS **Pole, Theresa**  
CITY-ST-ZIP **3419 SE 41st PL  
Ocala FL 34480**

TITLE ☐ Delete  
NAME **2VP**  
STREET ADDRESS **MORRIS, MARY**  
CITY-ST-ZIP **1624 SE 13TH ST.  
OCALA, FL 34471**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SULLIVAN, MONICA**  
CITY-ST-ZIP **6460 SW 12 CT  
OCALA, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Theresa Pole, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/04 352 694 2704**

Date

Daytime Phone #