## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005845

Entity Name: DANCE OCALA, INC.

FILED Feb 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1807 SE 33RD LANE OCALA, FL 34471

Current Mailing Address: New Mailing Address:

1807 SE 33RD LANE OCALA, FL 34471

FEI Number: 59-3292029 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATTHEWS, KAREN
9430 SOUTH MAGNOLIA AVENUE
0CALA, FL 34476 US

MCCREIGHT, DEBBIE
1807 SE 33RD LANE
0CALA, FL 34471 US

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: DEBBIE MCCREIGHT 02/04/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete Title: ( ) Change ( ) Addition Name: MCCREIGHT, DEBBIE Name:

 Name:
 MCCREIGHT, DEBBIE
 Name:

 Address:
 1807 SE 33RD LANE
 Address:

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:

Title: PRES ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 MATTHEWS, KAREN
 Name:
 MCCREIGHT, DEBBIE

 Address:
 9430 SOUTH MAGNOLIA AVENUE
 Address:
 1807 SE 33RD LANE

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:
 OCALA, FL 34471

Title: SEC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SHURTER, LAURA
 Name:

 Address:
 5105 SE 4TH STREET
 Address:

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:

Title: TREA () Delete Title: TREA (X) Change () Addition

 Name:
 POLE, THERESA
 Name:
 BAKOS-SMITH, HEATHER

 Address:
 3419 SE 41ST PL
 Address:
 4635 NE 7TH STREET

 City-St-Zip:
 OCALA, FL 34480
 City-St-Zip:
 OCALA, FL 34470

 $\label{eq:title: VP (X) Change () Addition} \end{Title:} \qquad \end{VP (X) Change () Addition}$ 

 Name:
 SULLIVAN, DAVID
 Name:
 SAPP, KATI

 Address:
 6460 SW 12TH COURT
 Address:
 4507 NE 10TH STREET

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34470

Title: () Delete Title: (X) Change ( ) Addition SULLIVAN, MONICA JOHNSON, WENDI Name: Name: Address: 6460 SW 12 CT Address: 594 SOUTH COUNTY ROAD 21 OCALA, FL HAWTHORNE, FL 32640 City-St-Zip: 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: DEBBIE MCCREIGHT PRES 02/04/2006