2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007
Secretary of State

DOCUMENT# N98000005845

Entity Name: DANCE OCALA, INC.

Current Principal Place of Business:

1807 SE 33RD LANE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1807 SE 33RD LANE
OCALA, FL 34471

New Mailing Address:

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

Name and Address of Current Registered Agent:

MCCREIGHT, DEBBIE
1807 SE 33RD LANE
OCALA, FL 34471 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:	DIR	( ) Delete
Name:	MCCREIGHT, DEBBIE	
Address:	1807 SE 33RD LANE	
City-St-Zip:	OCALA, FL 34471	
Title:	PRES	( ) Delete
Name:	MCCREIGHT, DEBBIE	
Address:	1807 SE 33RD LANE	
City-St-Zip:	OCALA, FL 34471	
Title:	SEC	( ) Delete
Name:	SHURTER, LAURA	
Address:	5105 SE 4TH STREET	
City-St-Zip:	OCALA, FL 34471	
Title:	TREA	( ) Delete
Name:	BAKOS-SMITH, HEATHER	
Address:	4635 NE 7TH STREET	
City-St-Zip:	OCALA, FL 34470	
Title:	VP	( ) Delete
Name:	SAPP, KATI	
Address:	4507 NE 10TH STREET	
City-St-Zip:	OCALA, FL 34470	
Title:	2VP	( ) Delete
Name:	JOHNSON, WENDI	
Address:	594 SOUTH COUNTY ROAD 21	
City-St-Zip:	HAWTHORNE, FL 32640	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SEC	(X) Change ( ) Addition
Name:	SMITH, CATHY	
Address:	526 SE 39TH TERRACE	
City-St-Zip:	OCALA, FL 34471	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	BOWE, DEBBIE	
Address:	10291 SE 170TH PLACE	
City-St-Zip:	SUMMERFIELD, FL 34491	
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: DEBBIE MCCREIGHT PRES 04/06/2007

Electronic Signature of Signing Officer or Director — Date