

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006263

FILED
Jan 13, 2007
Secretary of State

Entity Name: THE FOOTLITES SR. DANCE TROUPE, INC.

Current Principal Place of Business:

783 NE DIXIE HWY
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

783 NE DIXIE HWY
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 65-0948440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PINKNEY, PADRICK A
145 NW CENTRAL PARK PLAZA STE 200
PT ST LUCIE, FL 34952 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: TANGO, MILDRED
Address: 783 NE DIXIE HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD () Delete
Name: THOMPSON, VIRGINIA
Address: 783 NE DIXIE HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: D (X) Delete
Name: KUGLER, CAROL
Address: 783 NE DIXIE HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD () Delete
Name: COTHORN, FRAN
Address: 783 NE DIXIE HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: PRINCIPLE, DOLORES
Address: 783 NE DIXIE HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: D (X) Delete
Name: GARDNER, PAM
Address: 783 NE DIXIE HWY
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MILDRED TANGO

PD

01/13/2007

Electronic Signature of Signing Officer or Director

Date