

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90039 041 ****61.25

DOCUMENT # 738786

1. Entity Name
NATIONAL DANCE TEACHERS ASSOCIATION OF AMERICA, INC.



Principal Place of Business	Mailing Address
160 NW 58 ST. FORT LAUDERDALE, FL 33334 US <i>2309 E. ATLANTIC BLVD POMPANO BEACH, Fla. 33062</i>	160 NW 58 ST. FORT LAUDERDALE, FL 33334 US <i>2309 E ATLANTIC BL. POMPANO BEACH, Fla 33062</i>



03102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1846975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARLOW, HOWARD
 12268 SAG HARBOR CT
 UNIT #7
 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	<i>Gwen Peiffer</i>
STREET ADDRESS	<i>WALSER, LOIS</i>
CITY-ST-ZIP	<i>12242 1 SAG HARBOR COURT 1360 NW 5TH ST. WELLINGTON, FL 33414 miami, Fla. 33126</i>

TITLE	TD
NAME	MARLOW, HOWARD
STREET ADDRESS	12268 SAG HARBOR CT #7
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	P
NAME	<i>POX, LEE RON GARDNER</i>
STREET ADDRESS	<i>826 NW 13 ST 210 2309 E. ATLANTIC BLVD</i>
CITY-ST-ZIP	<i>BOCA RATON, FL 33486 Pompano Beach, Fla 33062</i>

TITLE	D
NAME	<i>ROSENBLATT SYLVIA KAREN DONALDSON</i>
STREET ADDRESS	<i>160 NE 58 ST. 2309 E. ATLANTIC BLVD</i>
CITY-ST-ZIP	<i>FORT LAUDERDALE, FL 33334 Pompano Beach, Fla 33062</i>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Howard Marlow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05 561 7935370
Date Daytime Phone #