

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 04, 2007  
Secretary of State**

DOCUMENT# N02000000185

**Entity Name:** FLORIDA DANCE MEDICINE AND PERFORMING ARTS STUDY GROUP, INC.

**Current Principal Place of Business:**

86 WEST UNDERWOOD STREET  
SUITE 100  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

86 WEST UNDERWOOD STREET  
SUITE 100  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 03-0388855      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ROOFNER, MARILYN  
86 WEST UNDERWOOD STREET  
SUITE 100  
ORLANDO, FL 32806 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: CD      ( ) Delete  
Name: CRULL, JOHNA  
Address: 1301 SLIGH BLVD.  
City-St-Zip: ORLANDO, FL 32806

Title: VCD      ( ) Delete  
Name: BEASOM, JEFF  
Address: 1301 SLIGH BLVD.  
City-St-Zip: ORLANDO, FL 32806

Title: TD      ( ) Delete  
Name: ROOFNER, MARILYN  
Address: 86 WEST UNDERWOOD STREET, SUITE 100  
City-St-Zip: ORLANDO, FL 32806

Title: SD      ( ) Delete  
Name: ENGELBERG, STEPHANIE  
Address: 1301 SLIGH BLVD.  
City-St-Zip: ORLANDO, FL 32806

**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:

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: MARILYN A. ROOFNER

TD

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date