2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011363

FILED Apr 15, 2009 Secretary of State

Entity Name: THE CENTER FOR CONTEMPORARY DANCE, INC.

Current Principal Place of Business: New Principal Place of Business: 3580 ALOMA AVENUE SUITE 7 WINTER PARK, FL 32792 US **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 195685 3580 ALOMA AVENUE SUITE 7 WINTER SPRINGS, FL 32719 US WINTER PARK, FL 32792 US FEI Number: 20-1694826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, DARIO J 300 SHÉOAH BOULEVARD APRTMENT 504 WINTER SPRINGS, FL 32708 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MOORE, DARIO J Name: Name: 300 SHEOAH BOULEVARD #504 Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: Title: **VPSD** () Delete Title: () Change () Addition JOHNSON, CRAIG W Name: Name: Address: 300 SHEOAH BOULEVARD #504 Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, KIM M Name: Name: 300 SHEOAH BOULEVARD #703 Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: STIEBER ROUS, JANICE DR Name: THOMAS, SHANTEL (CPA) 202 QUAYSIDE #102 2604 WOODS EDGE CIRCLE Address: Address: City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: ORLANDO, FL 32817 US Title: () Delete Title: (X) Change () Addition PRYOR, CHRISTY A SPICCIATI, DAVEY (ESQ) Name: Name: 124 PEACOCK DRIVE 7532 HULL STREET Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US City-St-Zip: WINTER PARK, FL 32792 US

I hereby certify that the information supplied with this filing does not qualify 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: DARIO J. MOORE **PRES** 04/15/2009