

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

9 MAY -1 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000005245 (6)**

1. Corporation Name

**INSTITUTE OF DANCE ARTS INCORPORATED**

Principal Place of Business

Mailing Address

900-C ANASTASIA BLVD.  
ST. AUGUSTINE FL 32084  
US

900-C ANASTASIA BLVD  
ST. AUGUSTINE FL 32084  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3210719

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

**\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HALL, CHARLES E  
103-B ANASTASIA BLVD  
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME COLARUSSO, SHERRY  
STREET ADDRESS 6460 PUTNAM STREET  
CITY, ST, ZIP ST. AUGUSTINE FL

11 TITLE JEAN COUNTER PRES  Change  Addition  
12 NAME 32 CORDOVA ST  
13 STREET ADDRESS ST. AUGUSTINE, FL 32084  
14 CITY, ST, ZIP

TITLE VP  
NAME SHEPPARD, JANE  
STREET ADDRESS 5010 SHORE DRIVE  
CITY, ST, ZIP ST. AUGUSTINE FL

21 TITLE V/P  Change  Addition  
22 NAME LEE DOWLING  
23 STREET ADDRESS 900 C ANASTASIA BLVD  
24 CITY, ST, ZIP ST. AUGUSTINE FL 32084

TITLE ST  
NAME STANTON, SUE ELLEN  
STREET ADDRESS 5730 DATIL PEPPER ROAD  
CITY, ST, ZIP ST. AUGUSTINE FL

31 TITLE ST  Change  Addition  
32 NAME RIMA ROBBINS  
33 STREET ADDRESS 900 C ANASTASIA BLVD  
34 CITY, ST, ZIP ST. AUGUSTINE, FL 32084

TITLE D  
NAME BILLER, LINDA  
STREET ADDRESS 212 ORCHIS  
CITY, ST, ZIP ST. AUGUSTINE FL

41 TITLE T  Change  Addition  
42 NAME MICHELE MROUK  
43 STREET ADDRESS 205 HERADA ST  
44 CITY, ST, ZIP ST. AUGUSTINE, FL 32084

TITLE D  
NAME GINN, LINDA  
STREET ADDRESS 401 PRINCE  
CITY, ST, ZIP ST. AUGUSTINE FL

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

TITLE D  
NAME MCDANIAL-SPIRES, ALICE  
STREET ADDRESS 1008 PRINCE ROAD  
CITY, ST, ZIP ST. AUGUSTINE FL

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

*Sherry Colarusso*  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR

4/30/95  
(Date)

05/24/1994  
(Signature Year)