

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified
11/15/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3210719

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23

28

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

24

Country

29

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **COURTER, JEAN M.**

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

83

84 City **ST. AUGUSTINE** FL 85 Zip Code **32084**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503 Florida Statutes.

SIGNATURE *Jean M. Courter*

JEAN M. COURTER, CEO

4/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COLARUSSO, SHERRY	
STREET ADDRESS	6460 PUTNAM STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SHEPPARD, JANE	
STREET ADDRESS	5010 SHORE DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	STANTON, SUE ELLEN	
STREET ADDRESS	5730 DATIL PEPPER ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BILLER, LINDA	
STREET ADDRESS	212 ORCHIS	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GINN, LINDA	
STREET ADDRESS	401 PRINCE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDANIAL-SPIRES, ALICE	
STREET ADDRESS	1006 PRINCE ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D COURTER, JEAN M.
1.3 STREET ADDRESS	32 CORDOVA ST.
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL, 32084
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D DICKENS, CAROLE
2.3 STREET ADDRESS	30 BEACON
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D DOWNS, ALICE
3.3 STREET ADDRESS	5319 1st Street
3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200001808572
5.3 STREET ADDRESS	-05/06/96--01024--039
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: *Jean M. Courter* **JEAN M. COURTER**

4/12/96

(904) 824-9509

CR2E037 (12/95)

Handwritten initials and number 5-1