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Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
~~Sandra B. Morham~~
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 32084-4620 US

| | | | | | | | |
|--------------------------------|-------------|-------------------------|-------------|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/15/1993 | | 3a. Date of Last Report 05/01/1996 | |
| 21 | | 26 | | 4. FEI Number 59-3210719 | | Applied For Not Applicable | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| COURTER, JEAN M 32 CORDOVA ST. ST AUGUSTINE FL 32084 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------------|--|--|---|-------------------------|--|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COURTER, JEAN M | | | 1.2 NAME | COURTER, JEAN M | | |
| STREET ADDRESS | 32 CORDOVA ST | | | 1.3 STREET ADDRESS | 32 CORDOVA ST. | | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | | | 1.4 CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | DICKENS, CAROLE | | | 2.2 NAME | CHRISTINE MAN | | |
| STREET ADDRESS | 30 BEACON | | | 2.3 STREET ADDRESS | 900-C ANASTASIA BLVD | | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | | | 2.4 CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | DOWNES, ALICE | | | 3.2 NAME | PAMELA POUNDS | | |
| STREET ADDRESS | 5319 1ST STREET | | | 3.3 STREET ADDRESS | 35 CLIPPER ST | | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | | | 3.4 CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BILLER, LINDA | | | 4.2 NAME | | | |
| STREET ADDRESS | 212 ORCHIS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GINN, LINDA | | | 5.2 NAME | | | |
| STREET ADDRESS | 401 PRINCE | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCDANIAL-SPIRES, ALICE | | | 6.2 NAME | | | |
| STREET ADDRESS | 1006 PRINCE ROAD | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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 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.

CR2E037 (9/96)