

FILE NOW: FILING FEE IS \$61.25

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**Sep 01 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005245 (6)
1. Corporation Name
INSTITUTE OF DANCE ARTS INCORPORATED



Principal Place of Business 900-C ANASTASIA BLVD. ST. AUGUSTINE FL 32084 US	Mailing Address 900-C ANASTASIA BLVD ST. AUGUSTINE FL 32084 US
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3. Date Incorporated or Qualified 11/15/1993	
4. FEI Number 59-3210719	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**COURTER, JEAN M
32 CORDOVA ST.
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	85 Zip Code

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	COURTER, JEAN M	
STREET ADDRESS	32 CORDOVA ST	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAN, CHRISTINE	
STREET ADDRESS	900-C ANASTASIA BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POUNDS, PAMELA	
STREET ADDRESS	350 CLIPPER ST	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KAREN KEMPLER	
1.3 STREET ADDRESS	30 LEE DR.	
1.4 CITY-ST-ZIP	ST. AUGUSTINE BEACH, FL 32084	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARBARA BATTELLE	
2.3 STREET ADDRESS	18 WALBET ST.	
2.4 CITY-ST-ZIP	PALM COAST, FL 32137	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE *jean m courter* *jean m courter* *11/15/93* *only 80k 9848*

CR2E037 (10/97)