


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90404 008 ****61.25

DOCUMENT # N93000005245			
1. Entity Name INSTITUTE OF DANCE ARTS INCORPORATED			
Principal Place of Business 900-C ANASTASIA BLVD. ST AUGUSTINE, FL 32080 US		Mailing Address 900-C ANASTASIA BLVD. ST AUGUSTINE, FL 32080 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3210719		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KEMPLER, KAREN 30 LEE DRIVE ST AUGUSTINE, FL 32080		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEMPLER, KAREN 30 LEE DR ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	LAUREN TITUS 9 Park Terrace, St. Augustine, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BATTELLE, BARABRA 36 BEACHSIDE DRIVE PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	KAREN KEMPLER 30 Lee Dr., St. Augustine, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOTTOMLEY, ELLIE 47 OCEAN COURT ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	JENNIFER KASTENSMIDT 4960 Dahl Pepper Rd., St. Augustine, FL 32086 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TILL, JUDY 410 TRADEWIND LANE ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	JUDY TILLIS 410 Tradewind Ln. St. Augustine, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Karen Kempler KAREN KEMPLER		Date: 4/29/05 904 Daytime Phone #: 461 4023	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	