

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90054 013 ****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
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2. Principal Place of Business - No P.O. Box # 370 A1A Beach Blvd. Suite, Apt. #, etc.	3. Mailing Address 370 A1A Beach Blvd Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State St. Augustine, FL.	City & State St. Augustine, FL.	4. FEI Number 59-3210719	Applied For <input type="checkbox"/> Not Applicable
Zip 32080	Country	Zip 32080	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KEMPLER, KAREN
30 LEE DRIVE
ST AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

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 *Karen Kempler* (NOTE: Registered Agent signature required when reinstating.) DATE 3/21/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TITUS, LAUREN	
STREET ADDRESS	9 PARK TERRACE	
CITY - ST - ZIP	ST AUGUSTINE FL 32080	
TITLE	T	<input type="checkbox"/> Delete
NAME	KEMPLER, KAREN	
STREET ADDRESS	30 LEE DR	
CITY - ST - ZIP	SAINT AUGUSTINE FL 32080	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COSTEIRA, THOMAS	
STREET ADDRESS	4517 MEADOW WOOD LANE	
CITY - ST - ZIP	ST AUGUSTINE FL 32033	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLLAND, LAURA	
STREET ADDRESS	246 MIMOSA RD	
CITY - ST - ZIP	ST AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 3/21/07 (904) 461-4023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #