

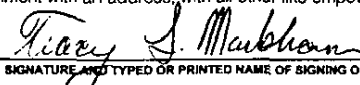


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90052 040 ****61.25

DOCUMENT # N93000005245					
1. Entity Name INSTITUTE OF DANCE ARTS INCORPORATED					
Principal Place of Business 370 A1A BEACH BLVD ST AUGUSTINE, FL 32080 US			Mailing Address 370 A1A BEACH BLVD ST AUGUSTINE, FL 32080 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3210719	
Zip		Country		Applied For 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		
BAILEY, SARA 370 A1A BEACH BLVD 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 			(NOTE: Registered Agent signature required when reinstating)		DATE 1/20/08
Filing Fee is \$81.25 Due by May 1, 2008			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	PD	<input checked="" type="checkbox"/> Delete		TITLE	President/ Director
NAME	TITUS, LAUREN			NAME	Markham, Tracy
STREET ADDRESS	9 PARK TERRACE			STREET ADDRESS	2730 U.S. 1 South, Suite J
CITY-ST-ZIP	ST AUGUSTINE, FL 32080			CITY-ST-ZIP	St. Augustine, Fl. 32086
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	VOORHEST, DAWN			NAME	
STREET ADDRESS	1016 ALACALA DR			STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	
NAME	COSTEIRA, THOMAS			NAME	
STREET ADDRESS	4517 MEADOW WOOD LANE			STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32033			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	
NAME	MULHALL, ANTONELLA			NAME	
STREET ADDRESS	312 GENTIAN RD			STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	ODOM, DENISE			NAME	
STREET ADDRESS	200 BILBOA DRIVE			STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	BROWNETT, TRAYCE			NAME	
STREET ADDRESS	1408 SAN RAFAEL CT			STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			Tracy L. Markham		1/15/08 (904) 794 7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

N93000005245

ATTACHMENT

D
Susan Gibson
513 Pineapple Avenue
St. Augustine, Fl. 32095

40011785

D
Kristy Weeks
66 Hypolita St.
St. Augustine, Florida 32084

D
Lauren Titus
9 Park Terrace
St. Augustine, Fl. 32080

D
Susan Yarian
460 Trade Wind Lane
St. Augustine, Fl. 32080

D
Lisa Brock
7 Ballard Avenue
St. Augustine, Fl. 32084

D
Laura Holland
246 Mimosa Rd.
St. Augustine, Fl. 32086

D
Dara Peterson
2148 Century Boulevard E.
St. Augustine, Fl. 32084