

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

DOCUMENT# N93000005245

Entity Name: INSTITUTE OF DANCE ARTS INCORPORATED

**Current Principal Place of Business:**

370 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

370 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080 US

**New Mailing Address:**

FEI Number: 59-3210719      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAILEY, SARA  
370 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARKHAM, TRACY  
Address: 2730 US 1 S STE J  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: SD ( ) Delete  
Name: VOORHEST, DAWN  
Address: 1016 ALACALA DR  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VD ( ) Delete  
Name: COSTEIRA, THOMAS  
Address: 4517 MEADOW WOOD LANE  
City-St-Zip: ST AUGUSTINE, FL 32033

Title: D ( ) Delete  
Name: BLAND, KELLY M  
Address: 9260 S.R. 207  
City-St-Zip: HASTINGS, FL 32145

Title: D ( ) Delete  
Name: GIBSON, SUSAN  
Address: 513 PINEAPPLE AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: WEEKS, KRISTY  
Address: 66 HYPOLITA ST.  
City-St-Zip: ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA E. BAILEY

RA

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date