

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005245

FILED  
Mar 18, 2010  
Secretary of State

**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  
Name: BROCK, LISA  
Address: 7 BALLARD AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD  
Name: HOLLAND, LAURA  
Address: 246 MIMOSA RD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VD  
Name: WEEKS, KRISTY  
Address: 38 MAGNOLIA DUNES CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32080

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

Title: D  
Name: FUNCHEON, LYNNE  
Address: 404 ARGUS RD  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D  
Name: HUTCHERSON, AMELIA  
Address: 915 LEW BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: SARA BAILEY

RA

03/18/2010

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

\_\_\_\_\_  
Date