

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005245

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**6751006924CC**

**Entity Name:** INSTITUTE OF DANCE ARTS INCORPORATED

**Current Principal Place of Business:**

370 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

370 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080 US

**FEI Number:** 59-3210719

**Certificate of Status Desired:** Yes

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

BURKHARDT, STEPHANIE  
370 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080 US

*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

**Officer/Director Detail :**

Title OTHER, ARTISTIC DIRECTOR  
Name BURKHARDT, STEPHANIE  
Address 370 A1A BEACH BLVD  
City-State-Zip: ST AUGUSTINE FL 32080

Title TREASURER  
Name BRANSON, CAROL  
Address 370 A1A BEACH BLVD  
City-State-Zip: ST AUGUSTINE FL 32080

Title PRESIDENT  
Name STONAKER, SHAWN  
Address 370 A1A BEACH BLVD  
City-State-Zip: ST AUGUSTINE FL 32080

Title BOARD MEMBER  
Name WARRING, CASSONJA  
Address 370 A1A BEACH BLVD  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title BOARD MEMBER  
Name HELMS, AILINE  
Address 370 A1A BEACH BLVD  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title SECRETARY  
Name SAXON, MEGHAN  
Address 370 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title VP  
Name CRUCE, LEAA  
Address 370 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title BOARD MEMBER  
Name COKELEY, KRISTEN  
Address 370 A1A BEACH BLVD  
City-State-Zip: SAINT 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:** STEPHANIE BURKHARDT

**DIRECTOR**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date