

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005245

**FILED**  
**Jan 19, 2016**  
**Secretary of State**  
**CC3483896667**

**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:** No

**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            PRES  
Name            ROSELLE, LARRY  
Address        370 A1A BEACH BLVD  
City-State-Zip: ST AUGUSTINE FL 32080

Title            VP  
Name            LANFORD, JODI  
Address        26 MAGNOLIA DUNES CIRCLE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            TRES  
Name            ROSELLE, LARRY  
Address        405 LA TRAVESIA FLORA #204  
City-State-Zip: ST. AUGUSTINE FL 32095

Title            VP  
Name            YSELONIA, KIM  
Address        370 A1A BEACH BLVD  
City-State-Zip: ST AUGUSTINE FL 32080

Title            SECRETARY  
Name            EASTMAN, KELLY  
Address        370 A1A BEACH BLVD  
City-State-Zip: ST AUGUSTINE FL 32080

Title            OFFICER  
Name            COOKSEY, JESSICA  
Address        370 A1A BEACH BLVD  
City-State-Zip: ST AUGUSTINE FL 32080

Title            OFFICER  
Name            EVANS, DANA  
Address        370 A1A BEACH BLVD  
City-State-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:** LARRY ROSELLE

**PRESIDENT**

**01/19/2016**

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

\_\_\_\_\_  
Date