

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731484

FILED
Jun 30, 2004
Secretary of State**Entity Name:** FLORIDA DANCE ASSOCIATION, INC.**Current Principal Place of Business:**500 71ST STREET
SUITE 3
MIAMI BEACH, FL 33141 US**New Principal Place of Business:**777 17TH STREET
SUITE 402
MIAMI BEACH, FL 33139 US**Current Mailing Address:**500 71ST STREET
SUITE 3
MIAMI BEACH, FL 33141 US**New Mailing Address:**777 17TH STREET
SUITE 402
MIAMI BEACH, FL 33139 US**FEI Number:** 59-1760273**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THIELEN, TOM
1605 BAY ROAD #202
MIAMI BCH, FL 33139**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:** ED () Delete
Name: THIELEN, TOM
Address: 1605 BAY ROAD #202
City-St-Zip: MIAMI BEACH, FL 33139**Title:** VD () Delete
Name: KJELGAARD, ROBERTA
Address: 10073 BAY HARBOR TERRACE
City-St-Zip: BAY HARBOR ISLAND, FL 33154**Title:** SD () Delete
Name: SHUKER, VIRGINIA
Address: 1400 SOUTH OCEAN DRIVE #1002
City-St-Zip: HOLLYWOOD, FL 33019**Title:** TD () Delete
Name: LEWIS, DANIEL
Address: NEW WORLD SCHOOL OF THE ARTS
City-St-Zip: MIAMI, FL 33132**Title:** PD () Delete
Name: PHILLIPS, PATRICIA
Address: FLORIDA STATE UNIVERSITY
City-St-Zip: TALLAHASSEE, FL 32306**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PD (X) Change () Addition
Name: KJELGAARD, ROBERTA
Address: 10073 BAY HARBOR TERRACE
City-St-Zip: BAY HARBOR ISLAND, FL 33154**Title:** VD (X) Change () Addition
Name: ALORA, HAYNES
Address: 3000 NW 83 STREET #E-137
City-St-Zip: GAINESVILLE, FL 32606**Title:** TD (X) Change () Addition
Name: LEWIS, DANIEL
Address: 8901 SW 79 COURT
City-St-Zip: MIAMI, FL 33156**Title:** SD (X) Change () Addition
Name: ANJALI, AUSTIN
Address: FLORIDA STATE UNIVERSITY
City-St-Zip: TALLAHASSEE, FL 32306

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOM THIELEN

ED

06/30/2004

Electronic Signature of Signing Officer or Director

Date