

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731484

FILED
Feb 28, 2006
Secretary of State

Entity Name: FLORIDA DANCE ASSOCIATION, INC.

Current Principal Place of Business:

777 17TH STREET
SUITE 402
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

777 17TH STREET
SUITE 402
MIAMI BEACH, FL 33139 US

New Mailing Address:

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 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: ED () Delete
Name: THIELEN, TOM
Address: 1605 BAY ROAD #202
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KJELGAARD, ROBERTA
Address: 3000 BISCAYNE BLVD #100
City-St-Zip: MIAMI, FL 33137

Title: PD () Delete
Name: ALORA, HAYNES
Address: 3000 NW 83 STREET #E-137
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: LEWIS, DANIEL
Address: 8901 SW 79 COURT
City-St-Zip: MIAMI, FL 33156

Title: VD () Delete
Name: ANJALI, AUSTIN
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: () 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 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: TOM THIELEN

ED

02/28/2006

Electronic Signature of Signing Officer or Director

Date