2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731484

FILED Jan 07, 2008 Secretary of State

Entity Name: FLORIDA DANCE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 111 SW 5TH AVENUE SUITE 202 MIAMI, FL 33130 **New Mailing Address: Current Mailing Address:** 111 SW 5TH AVENUE SUITE 202 MIAMI, FL 33130 FEI Number: 59-1760273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOOLIN, BILL 7080 BONITA DRIVE #35 MIAMI BEACH, FL 33141 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DOOLIN, BILL DOOLIN, BILL Name: Name: 7080 BONITA DRIVE, #35 Address: 7080 BONITA DRIVE, #35 Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 Title: Title: PRES (X) Change () Addition () 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

Name: ROSE, RICHARD
Address: 1411 NW 28TH ST

City-St-Zip: GAINESVILLE, FL 32605

Title: BRD (X) Change () Addition

Name: ALORA, HAYNES

Address: 3000 NW 83 STREET #E-137 City-St-Zip: GAINESVILLE, FL 32606

Title: () Change () Addition Name:

Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: BILL DOOLIN DIR 01/07/2008