


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90018 035 ****61.25

DOCUMENT # 738786 1. Entity Name NATIONAL DANCE TEACHERS ASSOCIATION OF AMERICA, INC.					
Principal Place of Business 2309 E ATLANTIC BLVD POMPANO BEACH, FL 33062 US			Mailing Address 2309 E ATLANTIC BLVD POMPANO BEACH, FL 33062 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01312008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1846975	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARLOW, HOWARD 12268 SAG HARBOR CT UNIT #7 WELLINGTON, FL 33414			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEIFFEL, GWEN 1360 NW 5TH ST MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARIE KASTENBAUER 301 N. OCEAN BLVD POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARLOW, HOWARD 12268 SAG HARBOR CT #7 WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDENER, RON 2309 E ATLANTIC BLVD POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DONALDSON, KAREN 2309 E ATLANTIC BLVD POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARIE KASTENBAUER 301 N. OCEAN BLVD POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: HOWARD MARLOW					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					