2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# N00000004617

Entity Name: IMANI DANCE PROGRAM FOR YOUTH DEVELOPMENT, INC.

Current Principal Place of Business:

1525 MCCASKILL AVE
3
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

1525 MCCASKILL AVE
3
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 42-1588516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KING, KWAME
1525 MCCASKILL AVE
3
TALLAHASSEE, FL 32310 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:	DR.	( ) Delete
Name:	KING, KWAME	
Address:	1525 MCCASKILL AVE.#1	
City-St-Zip:	TALLAHASSEE, FL 32305	
Title:	MS.	( ) Delete
Name:	WALLACE, JESSICA	
Address:	3536 ESTATES RD	
City-St-Zip:	TALLAHASSEE, FL 32305	
Title:	MS.	( ) Delete
Name:	DENNIS, LATOYA	
Address:	3746 ROGER HAMLIN COURT	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	MR.	( ) Delete
Name:	MUSTAPHA, BOAMANI	
Address:	1525 MCCASKILL AVE .#5	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DR.	(X) Change ( ) Addition
Name:	KING, KWAME	
Address:	1525 MCCASKILL AVE.#3	
City-St-Zip:	TALLAHASSEE, FL 32305	
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:	MS.	( ) Change (X) Addition
Name:	NATALIE, PAUL	
Address:	3621 ESTATESROAD	
City-St-Zip:	TALLAHASSEE, FL 32305	

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.

SIGNATURE: KWAME KING DR. 05/12/2009

Electronic Signature of Signing Officer or Director — Date