

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009018

FILED
Jan 17, 2012
Secretary of State

Entity Name: KISMET DANCE FOUNDATION, INC.

Current Principal Place of Business:

1089 NE 104 STREET
MIAMI SHORES, FL 33138

New Principal Place of Business:

1089 NE 104 STREET
MIAMI SHORES, FL 33138 UN

Current Mailing Address:

1089 NE 104 STREET
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 04-3595411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCCHI, CAROLANNE
1089 NE 104TH ST
MIAMI SHORES, FL 33138 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: PD
Name: ROGERS, BETH
Address: 270 AIRPORT DRIVE S.
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: TD
Name: COCCHI, CAROL
Address: 1089 NE 104 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: VP
Name: FELICIANO, CARMEN
Address: 1065 NE 87TH STREET
City-St-Zip: MIAMI, FL 33138

Title: SD
Name: SWAN, JOAN
Address: 1080 94 STREET #507
City-St-Zip: BAY HARBOUR ISLANDS, FL 33154

Title: D
Name: SUDER, PAUL
Address: 5722 LINCOLN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: BAHRY, CHARLES
Address: 29 NW 9TH AVENUE
City-St-Zip: MIAMI, FL 33128

I hereby 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 all other like empowered.

SIGNATURE: CAROLANNE COCCHI

TD

01/17/2012

Electronic Signature of Signing Officer or Director

_____ Date