

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2008
Secretary of State**

DOCUMENT# N02000000185

Entity Name: FLORIDA DANCE MEDICINE AND PERFORMING ARTS STUDY GROUP, INC.

Current Principal Place of Business:

86 WEST UNDERWOOD STREET
SUITE 100
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

86 WEST UNDERWOOD STREET
SUITE 100
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 03-0388855 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROOFNER, MARILYN
86 WEST UNDERWOOD STREET
SUITE 100
ORLANDO, FL 32806 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: CD () Delete
Name: CRULL, JOHNA
Address: 1301 SLIGH BLVD.
City-St-Zip: ORLANDO, FL 32806

Title: VCD () Delete
Name: BEASOM, JEFF
Address: 1301 SLIGH BLVD.
City-St-Zip: ORLANDO, FL 32806

Title: TD () Delete
Name: ROOFNER, MARILYN
Address: 86 WEST UNDERWOOD STREET, SUITE 100
City-St-Zip: ORLANDO, FL 32806

Title: SD () Delete
Name: ENGELBERG, STEPHANIE
Address: 1301 SLIGH BLVD.
City-St-Zip: ORLANDO, FL 32806

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:

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: MARILYN ROOFNER

TD

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date