## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007640

Entity Name: SOULFUL-ARTS DANCE ACADEMY, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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290 DR. MLK ST N STE 100 ST PETERSBURG, FL 33705

Current Mailing Address: New Mailing Address:

290 DR. MLK ST N STE 100 ST PETERSBURG, FL 33705

FEI Number: 04-3772747 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:

BRODY, LISA
2801 58TH CIRCLE SOUTH
ST PETERSBURG, FL 33712 US

QUANDT, CHARLOTTE MS.
10030 11TH ST NORTH
APT. 101

ST PETERSBURG, FL 33/12 US APT. 101 ST PETERSBURG, FL 33716 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: CHARLOTTE QUANDT 01/16/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**PRES** (X) Change ( ) Addition () Delete TABOR, SANDY MRS. Name: BRODY, LISA MRS. Name: 1801 72ND AVENUE NE Address: 2801 58TH CIRCLE SOUTH Address: City-St-Zip: ST. PETERSBURG, FL 33702 US City-St-Zip: ST. PETERSBURG, FL 33712 US Title: SEC Title: (X) Change ( ) Addition ( ) Delete BRODY, LISA MRS. Name: FUDGE, MARILYNN MRS. Name: Address: 2801 58TH CIRCLE S Address: 2301 GREEN WAY SOUTH City-St-Zip: ST. PETERSBURG, FL 33712 US City-St-Zip: ST. PETERSBURG, FL 33712 US Title: ( ) Delete Title: **TRES** (X) Change ( ) Addition

Title:D( ) DeleteTitle:TRES(X) Change ( ) AdditionName:HOWELLS, JEFFREY PName:BOICHEFF, NICHOLAS MR.Address:127 BAY POINT DR NEAddress:TANGLEWOOD DRIVE N.E.City-St-Zip:ST PETERSBURG, FL 33704 USCity-St-Zip:ST PETERSBURG, FL 33702 US

Name: ENGWALL, RICHARD MR. Name: ADAMS, HAVEN MRS
Address: PIN. EDU. FOUNDATION, 12090 STARKEY ROAD Address: 4701 1ST AVE. N

City-St-Zip: LARGO, FL 33773 US City-St-Zip: ST. PETERSBURG, FL 33713 US

 Name:
 Name:
 ALBANO, LOU MR.

 Address:
 Address:
 1049 CENTRAL AVE.

City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: ( ) Delete Title: D ( ) Change (X) Addition Name: STONE, MARCEY MRS.

 Address:
 Address:
 701 6TH STREET SOUTH

 City-St-Zip:
 City-St-Zip:
 ST. PETERSBURG, FL 33701 US

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: HAVEN ADAMS DIR 01/16/2009