

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011363

FILED
Apr 27, 2008
Secretary of State

Entity Name: THE CENTER FOR CONTEMPORARY DANCE, INC.

Current Principal Place of Business:

3580 ALOMA AVENUE
SUITE 7
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 195685
WINTER SPRINGS, FL 32719 US

New Mailing Address:

FEI Number: 20-1694826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, DARIO J
300 SHEOAH BOULEVARD
APRTMENT 504
WINTER SPRINGS, FL 32708 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 () Delete
Name: MOORE, DARIO J
Address: 300 SHEOAH BOULEVARD #504
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VPSD () Delete
Name: JOHNSON, CRAIG W
Address: 300 SHEOAH BOULEVARD #504
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TD () Delete
Name: JOHNSON, KIM M
Address: 300 SHEOAH BOULEVARD #703
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D () Delete
Name: ANTONSSON, KRISTINA DR
Address: 30 SHELBURNE ROAD
City-St-Zip: STAMFORD, CT 06902 US

Title: D () Delete
Name: PRYOR, CHRISTY A
Address: 124 PEACOCK DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: D (X) Delete
Name: STIEBER ROUS, JANICE
Address: 202 QUAYSIDE #102
City-St-Zip: MAITLAND, FL 32751 US

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: D (X) Change () Addition
Name: STIEBER ROUS, JANICE DR
Address: 202 QUAYSIDE #102
City-St-Zip: MAITLAND, FL 32751 US

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: KIM M. JOHNSON

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04/27/2008

Electronic Signature of Signing Officer or Director

Date