

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006748

FILED
Mar 23, 2009
Secretary of State

Entity Name: DANCE ARTS CENTRE, INC.

Current Principal Place of Business:

3240 W. NEW HAVEN AVE.
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 121791
MELBOURNE, FL 32912 17

New Mailing Address:

FEI Number: 26-0455076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALDA, SARAH
3240 W. NEW HAVEN AVE.
MELBOURNE, FL 32904 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: D () Delete
Name: BALDA, SARAH PRES
Address: 2002 WOODFIELD CR
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: ROBINSON, CYNTHIA TRES
Address: 2882 BODDINGTON WAY
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: EVANS, ANGIE BM
Address: 575 OAKRIDGE DR
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: CONDO, ANNETTE BM
Address: 3 SHOREVIEW CR
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: MCDONOUGH, HEATHER BM
Address: 8035 SPYGLASS HILL ROAD
City-St-Zip: MELBOURNE, FL 32904

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:

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: SARAH BALDA

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date