

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33627

FILED
Jan 19, 2009
Secretary of State

Entity Name: DANCEARTS FOUNDATION, INC.

Current Principal Place of Business:

5900 S.W. 84TH AVENUE
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

5900 S.W. 84TH AVENUE
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 65-0139010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIDEL, ANDREA M DR.
5900 S.W. 84TH AVENUE
MIAMI, FL 33143 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: S () Delete
Name: CAMEON, RANDI M
Address: 1900 SUNSET HARBOUR DR 1807
City-St-Zip: MIAMI, FL 33139 US

Title: P () Delete
Name: MANSFIELD, TASHA
Address: 7966 SW 86 TERR
City-St-Zip: MIAMI, FL 33143 US

Title: T () Delete
Name: LEWIS, DANIEL
Address: DANCE DIV NWSA 300 NE 2ND AVE
City-St-Zip: MIAMI, FL 33132 US

Title: M () Delete
Name: SEIDEL, ANDREA M DR.
Address: FIU DEPT DANCE; UNIVERSITY PARK
City-St-Zip: MIAMI, FL 33199 US

Title: D () Delete
Name: ANDERSON, BAMBI
Address: 7928 WEST DRIVE, #407
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: ANDREA M. SEIDEL

DIR

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date