

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90177 011 ****61.25

DOCUMENT # F00000003499

1. Entity Name

CALLERLAB - THE INTERNATIONAL ASSOCIATION OF
SQUARE DANCE CALLERS, INC.



Principal Place of Business

467 FORREST AVE., STE 118
COCOA, FL 32922

Mailing Address

467 FORREST AVE., STE 118
COCOA, FL 32922



01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0155428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, JERRY
467 FORREST AVE., STE 118
COCOA, FL 32922

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD
NAME REED, JERRY
STREET ADDRESS 943 TAMARIND CIRCLE
CITY- ST- ZIP ROCKLEDGE, FL 32955

TITLE CD
NAME JACOBS, MIKE
STREET ADDRESS P.O. Box 37178
CITY- ST- ZIP TRENTON, NJ 08610

TITLE VD
NAME GOLE, LARRY
STREET ADDRESS 3302 N.W. 500 W.
CITY- ST- ZIP MARION, IN 46952

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-06 321-639-0039