


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 715261 1. Entity Name CENTRAL FLORIDA SQUARE DANCERS ASSOCIATION, INC.	
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Principal Place of Business 1648 WOODLAND DR. ROCKLEDGE, FL 32955 US	Mailing Address 1648 WOODLAND DR. ROCKLEDGE, FL 32955 US
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01062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2926337	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCONNAHA, J. D. 1648 WOODLAND DR. ROCKLEDGE, FL 32955

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCONNAHA, J. D. 1648 WOODLAND DR. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCONNAHA, JAN 1648 WOODLAND DR. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOFFMAN, JACK 850 CAPTAINS ROW MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOFFMAN, BARBARA 550 CAPTAINS ROW MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/27/07-80103-021 61.25

**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: J D McConaha J D MCCONNAHA 03-06-07 311-676-6241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR