## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # 715261  1. Entity Name CENTRAL FLORIDA SQUARE DANCERS ASSOCIATION, INC.						4-14-2008 90	060 019 ****61.2	5
Principal Place of Business Mailing Address 1648 WOODLAND DR. ROCKLEDGE, FL 32955 US ROCKLEDGE, FL 32955			5 US		1 FREMI (65.6)	11251 Elita (1213, 8719) (12	ii Bibli 91511 Sien stee grey sc	<b>1</b> 5741 <b>8</b> 1 (881
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102008	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-2926	<del></del>	<del></del>	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate o	of Status Desired	S8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	tegistered Agent	
MCCONN	AHA I D			Name				
MCCONNAHA, J. D. 1648 WOODLAND DR. ROCKLEDGE, FL 32955				Street Address (P.O. Box Number is Not Acceptable)				
• .				City			FL Zip Coo	Je
The above the obligation     SIGNATURE	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	d office or regi	istered agent, or both	, in the State of Flo	orida. I am familiar with	and accept
SIGNATIONE	Claretters have a printed name of purished agent	and this is explicable. ANY	C. Charles	1 Accest almost as and			n	
Signations	Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Election Carr	npaign F	nancing	suired when reinsseing) \$5.00 May Be	M	DATE lake check payable t	10
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign F	nancing	\$5.00 May Be Added to Fees	Flor	ake check payable t	tate
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12. I hereby certify that the information supplied with this filling 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

MATURE AND TYPED OR PRINTED MAKE OF BIOGRAPH OFFICER OR OBJECTOR

4-10-08 311-171-6841