2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 715261

Entity Name: CENTRAL FLORIDA SQUARE DANCERS ASSOCIATION, INC.

Current Principal Place of Business:

1648 WOODLAND DR.
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

1648 WOODLAND DR.
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-2926337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCONNAHA, J. D.
1648 WOODLAND DR.
ROCKLEDGE, FL 32955 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:	MCCONNAHA, J. D.	
Address:	1648 WOODLAND DR.	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	D	( ) Delete
Name:	MCCONNAHA, JAN	
Address:	1648 WOODLAND DR.	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	PD	( ) Delete
Name:	HOFFMAN, JACK	
Address:	850 CAPTAINS ROW	
City-St-Zip:	MERRITT ISLAND, FL 32953	
Title:	PD	( ) Delete
Name:	HOFFMAN, BARBARA	
Address:	550 CAPTAINS ROW	
City-St-Zip:	MERRITT ISLAND, FL 32953	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	TAYLOR, NANCY	
Address:	215 CARIB DR	
City-St-Zip:	MERRITT ISLAND, FL 32952	
Title:	TD	(X) Change ( ) Addition
Name:	TAYLOR, DENNIS	
Address:	215 CARIB DR	
City-St-Zip:	MERRITT ISLAND, FL 32952	

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: J. D.. MCONNAHA D 01/15/2009

Electronic Signature of Signing Officer or Director — Date