2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2006 8:00 am Secretary of State

(904)529-2314

DOCUMENT # 726190 1. Entity Name NORTHEAST FLORIDA SQUARE AND ROUND DANCERS ASSOCIATION, INC.				04-04-2006 90046 035 ****61.25						
MR. & MRS. BUD TAYLOR M 521 ROCKWOOD CT 5.		Mailing Address MR. & MRS. BUD TAYLOR 521 ROCKWOOD CT ORANGE PARK, FL 32065 US								
	lace of Business	3. Mailing Address								
z. Principai P	ace or business	3. Walling Address				BIIDI IIDIN ININ NUNI	ATEN AJEN SIEN PHEN SI	E ## #	11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03092006 _{Cl}	hg-NP	CR2E037 (11/	05)		
City & State		City & State	City & State		4. FEI Number 59-298747	'1	_	Applied F		
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	\$8.75	Additional		
	6Name and Address of Current.	Registered Agent	<u> </u>		7,_Name,and.Add	Iress of New R				
			Name	An-14	_					
HARDCAS 3823 LORI	ETTÓ RD		Street Address			ta Taylor (P.O. Box Number is Not Acceptable) Rockwood Ct.				
JACKSON	VILLE, FL 32223			<u> </u>	ROCKWOOD C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	* →		City	Oran	ge Park			Code 2073		
	named entity submits this statement to	r the purpose of changing its	registered office or	register	ed agent, or both, in	the State of Flo			cept	
the obligat	ions of registered agent.	A					, ,			
SIGNATURE.	Unita L. land	\sim					3/16/9	<u>,</u>		
SIGNATURE .	Signature, typed or printed name of registered epent	and title if applicable. (NOT	E: Registered Agent signati	ure required	when reinstating)		DATE	,		
	Filing Fee is \$61.25	9. Election Car	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 tt. 5:	M	ake check payal	ole to		
	Due by May 1, 2006	Trust Fund (\$5.00 May Be Added to Fees	1	ida Department			
10.	Dure by May 1, 2006 OFFICERS AND DIE					Flori	ida Department	of State		
TITLE	OFFICERS AND DIE		11. TITLE	S	Added to Fees ADDITIONS/CHANG	Flori ES TO OFFICEI	ida Department	of State	ddition	
TITLE NAME	OFFICERS AND DIE	RECTORS	11. TITLE NAME	S Sni	Added to Fees ADDITIONS/CHANG der, Susan	Flori ES TO OFFICE	Ida Department RS AND DIRECTOR (X) Cha	of State	ddition	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _