

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2006 90046 035 ****61.25

DOCUMENT # 726190

1. Entity Name
**NORTHEAST FLORIDA SQUARE AND ROUND DANCERS
ASSOCIATION, INC.**



Principal Place of Business
**MR. & MRS. BUD TAYLOR
521 ROCKWOOD CT
ORANGE PARK, FL 32065 US**

Mailing Address
**MR. & MRS. BUD TAYLOR
521 ROCKWOOD CT
ORANGE PARK, FL 32065 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2987471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARDCASTLE, JOE
3823 LORETTO RD
JACKSONVILLE, FL 32223**

Name
Anita Taylor

Street Address (P.O. Box Number is Not Acceptable)
521 Rockwood Ct.

City
Orange Park

FL Zip Code
32073

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 *Anita L. Taylor*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/06

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARDCASTLE, JOE MR
3823 LORETTO ROAD
JACKSONVILLE, FL 32223** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Snider, Susan
5110 Santa Cruz Lane
Jacksonville, FL 32210** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MEYER, FRANK
14444 DUVAK RD.
JACKSONVILLE, FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Mark Fetzner
5110 Santa Cruz Lane
Jacksonville, FL 32210** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAYLOR, ANITA MRS
521 ROCKWOOD CT
ORANGE PARK, FL 32065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Thomas Herscha
2860 Seminole Village Drive
Middleburg, FL 32068** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RAYMOND, ROBERT T
1846 ALBERTA CT N
MIDDLEBURG, FL 32068** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Meyer, Barbara
14444 Duvak Rd.
Jacksonville, FL 32218** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SMITH, LORVALE MR
3434 BLANDING BLVD APT 138
JACKSONVILLE, FL 32210** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Patricia Herscha
2860 Seminole Village Drive
Middleburg, FL 32068** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WHITE, SHIRLEY MRS
4740 CARDINAL BLVD
JACKSONVILLE, FL 32210** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Anita L. Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

Date

(904) 529-2314

Daytime Phone #