

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90015 012 ****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**

40005039



2. Principal Place of Business - No P.O. Box #

Ouida Taylor & Thomas Tramel

3. Mailing Address

Ouida Taylor & Thomas Tramel

Suite, Apt. #, etc.
170 SE Lakewood Lane

Suite, Apt. #, etc.
170 SE Lakewood Lane

01162007 Chg-NP CR2E037 (12/06)

City & State
Lake City, FL

City & State
Lake City, FL

4. FEI Number
59-2987471

Applied For
Not Applicable

Zip
32025

Country
USA

Zip
32025

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, ANITA
521 ROCKWOOD CT
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name
Taylor, Ouida

Street Address (P.O. Box Number is Not Acceptable)
170 SE Lakewood Lane

City
Lake City FL Zip Code
32025

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 **Ouida Taylor**

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

Ouida Taylor

(NOTE: Registered Agent signature required when reinstating)

1-19-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **S** ☒ Delete
NAME **SNIDER, SUSAN**
STREET ADDRESS **32210**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **S** ☒ Delete
NAME **FETZER, MARK**
STREET ADDRESS **5110 SANTA CRUZ LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **T** ☐ Delete
NAME **HERSCHA, THOMAS**
STREET ADDRESS **2860 SEMINOLE VILLAGE DR**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

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

TITLE **T** ☐ Delete
NAME **HERSCHA, PATRICIA**
STREET ADDRESS **2860 SEMINOLE VILLAGE DR**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Taylor, Ouida**
STREET ADDRESS **170 SE Lakewood Lane**
CITY-ST-ZIP **Lake City, FL 32025**

TITLE **S** ☐ Change ☒ Addition
NAME **Starling, Mary**
STREET ADDRESS **1711 Coulee Avenue**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **S** ☐ Change ☒ Addition
NAME **Starling, Sam**
STREET ADDRESS **1711 Coulee Avenue**
CITY-ST-ZIP **Jacksonville, FL 32210**

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

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

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

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:

Ouida Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07 386-752-1469

Date

Daytime Phone #