

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 726190**

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



Principal Place of Business  
**OIDA TAYLOR&THOMAS TRAMEL  
170 SE LAKEWOOD LANE  
LAKE CITY, FL 32025 US**

Mailing Address  
**OIDA TAYLOR&THOMAS TRAMEL  
170 SE LAKEWOOD LANE  
LAKE CITY, FL 32025 US**



01072008 No Chg-NP

CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

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**

**TAYLOR, OUIDA  
170 SE LAKEWOOD LANE  
LAKE CITY, FL 32025**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

2-15-08  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TAYLOR, OUIDA
STREET ADDRESS	170 SE LAKEWOOD LANE
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	S
NAME	STARLING, MARY
STREET ADDRESS	1711 COULEE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	T
NAME	HERSCHA, THOMAS
STREET ADDRESS	2860 SEMINOLE VILLAGE DR
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	S
NAME	MEYER, BARBARA
STREET ADDRESS	14444 DUVAK RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	T
NAME	HERSCHA, PATRICIA
STREET ADDRESS	2860 SEMINOLE VILLAGE DR
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	S
NAME	STARLING, SAM
STREET ADDRESS	1711 COULEE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210

000000839692  
03/06/08-80016-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

2-15-08  
Date

386-752-1469  
Daytime Phone #