2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755907

FILED May 24, 2007 Secretary of State

Entity Name: FLORIDA FOLK DANCE COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

701 W. IDLEWILD AVENUE 4700 BABCOCK ST. NE TAMPA, FL 33604

19-203

PALM BAY, FL 32606

Current Mailing Address: New Mailing Address:

701 W. IDLEWILD AVENUE 4700 BABCOCK ST. NE TAMPA, FL 33604 19-203

PALM BAY, FL 32606

FEI Number: 59-2102600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENDERSON, PATRICIA 9859 BERRY DEASE RD ORLANDO, FL 32825

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ABRAHAMS, TERRY DALY, JOHN Name: Name: Address: 701 W. IDLEWILD AVENUE Address: 4700 BABCOCK ST. NE 19-203

City-St-Zip: TAMPA, FL 33604 City-St-Zip: PALM BAY, FL 32606

Title: Title: (X) Change () Addition () Delete Name: DALY, JOHN Name: SALERNO, FANNIE

Address: 779 ACACIA AVENUE Address: 5828 LINDSAY RD City-St-Zip: MELBOURNE VILLAGE, FL 32904 City-St-Zip: MICCO, FL 32976

Title: () Delete Title: (X) Change () Addition

MURRAY, JEAN Name: DAVIDSOHN, WILLA Name: 2326 GREENWOOD BLVD. NE 1643 OLD COLONIAL WAY Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: MELBOURNE, FL 32935

(X) Change () Addition Title: () Delete Title:

Name: HENDERSON, PATRICIA Name: LATHI, JAN 9859 BERRY DEASE RD 38 ST. ANDREWS CT Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: PALM COAST, FL 32137

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: PATRICIA HENDERSON RΑ 05/24/2007