

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90012 037 \*\*\*\*61.25

<b>DOCUMENT # 757439</b>					
<b>1. Entity Name</b> THE FLORIDA ASSOCIATION OF NATIONAL SQUARE DANCECAMPER, INC.					
<b>Principal Place of Business</b> 3816 NW 53RD TERRACE GAINESVILLE, FL 32606 US			<b>Mailing Address</b> 3816 NW 53RD TERRACE GAINESVILLE, FL 32606 US		
<b>2. Principal Place of Business</b> 101 Bymar Dr. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 101 Bymar Dr. Suite, Apt. #, etc.		01182006 Chg-NP CR2E037 (11/05)	
<b>City &amp; State</b> Plant City, FL		<b>City &amp; State</b> Plant City, FL		<b>4. FEI Number</b> 59-2130894	
<b>Zip</b> 33563		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ZIMMERMAN, MARTHA 3816 NW 53RD TERRACE GAINESVILLE, FL 32606			<b>7. Name and Address of New Registered Agent</b> Name: <u>Marcy Cole</u> Street Address (P.O. Box Number is Not Acceptable): 101 Bymar Dr. Plant City, FL. 33563 City: <u>FL</u> Zip Code: <u>33563</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> MILNES, ROBERT 2796 KISSIMMEE BAY CR KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> Eskridge, Linda & Gordon 629 W. Ocean Ave. Boynton Beach, FL. 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> FREDERICKSON, DALE E 1776 PIQUET CT. MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> Milnes, Robert 2796 Kissimmee Bay Cr. Kissimmee, FL. 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> MORENO, LOUISE & BILL 131 RAMBLEWOOD CIRCLE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Zimmerman, Martha 3816 N. W. 53rd Ter. Gainesville, FL. 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> ESKRIDGE, LINDA & GORDON 629 W. OCEAN AVE BOYNTON BEACH, FL 334264332	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> Cole, Marcy 101 Bymar Dr. Plant City, FL. 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> ZIMMERMAN, MARTHA 3816 NW 53RD TERRACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> Moreno, Louise & Bill 131 Ramblewood Circle Royal Palm Beach, FL. 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> COLE, MARCY 101 BYMAR DR PLANT CITY, FL 33563	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> Frederickson, Dale E. 1776 Piquet Ct. Middleburg, FL. 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Marcy Cole</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2-17-06</u> Daytime Phone: <u>813-752-8933</u>		