


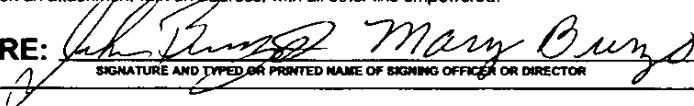


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90025 037 \*\*\*\*61.25

<b>DOCUMENT # 757439</b> 1. Entity Name <b>THE FLORIDA ASSOCIATION OF NATIONAL SQUARE DANCECAMPERS, INC.</b>					
Principal Place of Business <b>101 BYMAR DR PLANT CITY, FL 33563 US</b>			Mailing Address <b>101 BYMAR DR PLANT CITY, FL 33563 US</b>		
2. Principal Place of Business - No P.O. Box # <b>184 Andora St.</b>		3. Mailing Address <b>184 Andora St.</b>		  02012007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>St. Augustine, FL</b>		City & State <b>St. Augustine, FL</b>			
Zip <b>32086</b>	Country <b>USA</b>	Zip <b>32086</b>	Country <b>USA</b>	4. FEI Number <b>59-2130894</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>COLE, MARY 101 BYMAR DR PLANT CITY, FL 33563</b>				7. Name and Address of New Registered Agent Name <b>John &amp; Mary Burzo</b> Street Address (P.O. Box Number is Not Acceptable) <b>184 Andora St.</b>  City <b>St. Augustine</b> <b>FL</b> Zip Code <b>32086-2264</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.					
SIGNATURE  <b>John &amp; Mary Burzo</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ESKRIDGE, LINDA &amp; GORDON</b> <b>629 W OCEAN AVE</b> <b>BOYNTON BEACH, FL 33426</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Bob &amp; Dreama Milnes</b> <b>5005 Shore Line Dr.</b> <b>Polk City, FL. 33868</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MILNES, ROBERT</b> <b>2796 KISSIMMEE BAY CR</b> <b>KISSIMMEE, FL 34744</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Martha Zimmerman</b> <b>3618 N. W. 53rd Ter.</b> <b>Gainesville, FL 32606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ZIMMERMAN, MARTHA</b> <b>3816 NW 53RD TERR</b> <b>GAINESVILLE, FL 32606</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Marcy Cole</b> <b>101 Bymar Dr.</b> <b>Plant City, FL. 33563</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>COLE, MARCY</b> <b>101 BYMAR DR</b> <b>PLANT CITY, FL 33563</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>John &amp; Mary Burzo</b> <b>184 Andora St.</b> <b>St. Augustine, FL. 32086</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MORENO, LOUISE &amp; BILL</b> <b>131 RAMBLEWOOD CIR</b> <b>ROYAL PALM BEACH, FL 33411</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>Linda &amp; Gordon Eskridge</b> <b>629 W. Ocean Ave.</b> <b>Boynton Beach, FL. 33426</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>FREDERICKSON, DALE E</b> <b>1776 PIQUET CT</b> <b>MIDDLEBURG, FL 32068</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>Louise &amp; Bill Moreno</b> <b>131 Ramblewood Circle</b> <b>Royal Palm Beach, FL. 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>John &amp; Mary Burzo</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>4/8/07</b> Daytime Phone #					

904-797-7553