


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 763819</b>	
1. Entity Name <b>FLORIDA FOLKLORE SOCIETY, INC.</b>	

Principal Place of Business <b>12461 RESEARCH PKWY. SUITE 500, ROOM 132 ORLANDO, FL 32826 US</b>	Mailing Address <b>12461 RESEARCH PKWY. SUITE 500, ROOM 132 ORLANDO, FL 32826 US</b>
---	---



02012006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2637296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>UNDERBERG, NATALIE 12461 RESEARCH PKWY. SUITE 500, ROOM 132 ORLANDO, FL 32826</b>
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**L100010448003  
03/08/06-80078-025 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNDERBERG, NATALIE 12461 RESEARCH PKWY., SUITE 500, ROOM 132 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, ROBERT 3826 S.W. 2ND AVENUE TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUGUVALAS, TINA 500 S. BRONOUGH ST. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOMIS, ORMOND 264 TRECSCOTT DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/01/06 407-823-1140**

Date

Daytime Phone #