

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90004 045 \*\*\*\*61.25

**DOCUMENT # 763819**

1. Entity Name  
**FLORIDA FOLKLORE SOCIETY, INC.**



Principal Place of Business  
12461-RESEARCH PKWY.  
SUITE 500, ROOM 132  
ORLANDO, FL 32826 US

Mailing Address  
12461 RESEARCH PKWY.  
SUITE 500, ROOM 132  
ORLANDO, FL 32826 US

40053300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02232007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-2637296

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNDERBERG, NATALIE  
12461 RESEARCH PKWY.  
SUITE 500, ROOM 132  
ORLANDO, FL 32826

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME UNDERBERG, NATALIE  
STREET ADDRESS 12461 RESEARCH PKWY., SUITE 500, ROOM 132  
CITY-ST-ZIP ORLANDO, FL 32826

TITLE D ☐ Delete  
NAME STONE, ROBERT  
STREET ADDRESS 3826 S.W. 2ND AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL 32306

TITLE D ☐ Delete  
NAME BUCUVALAS, TINA  
STREET ADDRESS 500 S. BRONOUGH ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32399

TITLE D ☐ Delete  
NAME LOOMIS, ORMOND  
STREET ADDRESS 264 TRESCOTT DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME DAVIS, MARTHA ELLEN  
STREET ADDRESS 1621 NW 11TH ROAD  
CITY-ST-ZIP GAINESVILLE, FL 32605-5319

TITLE T ☐ Change ☒ Addition  
NAME KEN BUCHANAN  
STREET ADDRESS 5940 206TH TERRACE  
CITY-ST-ZIP LOXAHATCHEE, FL 33470-9332

TITLE S ☐ Change ☒ Addition  
NAME ADA FORNEY  
STREET ADDRESS 1357 PALM WOOD  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Martina Ellen Davis* MARTHA ELLEN DAVIS Feb. 23, 2007 (352) 371-1456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #