

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768102

FILED
Apr 18, 2009
Secretary of State

Entity Name: THE FLORIDA FEDERATION OF SQUARE DANCERS, INC.

Current Principal Place of Business:

5150 MT PLYMOUTH RD
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

5150 MT PLYMOUTH RD
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-2292968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEWEY & DONNA HENDRICKS
5150 MT. PLYMOUTH RD
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MILLER, PAUL & CHERYL
Address: 2166 MIDDLETON DR
City-St-Zip: NAVARRE, FL 32566

Title: PD (X) Delete
Name: POOLE, RANDY&CAROL
Address: 1541 LAKESIDE DR
City-St-Zip: DELAND, FL 32720

Title: S () Delete
Name: HUDDLESTON, RAY & ELSA
Address: 4907 NW 44TH AVE
City-St-Zip: TAMARAC, FL 33319

Title: T () Delete
Name: NEWSOME, CHARLIE V
Address: 12368 BRADY ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: P () Delete
Name: SPENCE, MARIA B
Address: 15 MATRICARIA COURT
City-St-Zip: HOMOSASSA, FL 34446

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, PAUL & CHERYL
Address: 2166 MIDDLETON DR
City-St-Zip: NAVARRE, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HUDDLESTON, RAY & ELSA
Address: 4907 NW 44TH AVE
City-St-Zip: TAMARAC, FL 33319

Title: S (X) Change () Addition
Name: NEWSOME, CHARLIE & VAL
Address: 12368 BRADY ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: T (X) Change () Addition
Name: SPENCE, BOB & MARIA
Address: 15 MATRICARIA COURT
City-St-Zip: HOMOSASSA, FL 34446

Title: P () Change (X) Addition
Name: HOFFMAN, JACK & BARBARA
Address: 550 CAPTAINS ROW
City-St-Zip: MERRITT ISLAND, FL 32952

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: DEWEY L. & DONNA G. HENDRICKS

RA

04/18/2009

Electronic Signature of Signing Officer or Director

Date