

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90393 044 ****61.25

DOCUMENT # 768681

1. Entity Name
WHIRL AND TWIRL SQUARE DANCE CLUB, INC.



Principal Place of Business
6949 VENTURE CIRCLE
ORLANDO, FL 32807
ORLANDO, FL 32807 US

Mailing Address
6949 VENTURE CIRCLE
ORLANDO, FL 32807
ORLANDO, FL 32807 US

60023681



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-6168283

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

ROBINSON, DANNY
1910 CONIFER CT.
WINTER PARK, FL 32792

Name **MORGAN, BRUCE**
Street Address (P.O. Box Number is Not Acceptable)
697 SHADY COURT
City **ALTAMONTE SPRINGS FL** Zip Code **32701**

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, 2006

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 **V** ☐ Delete
NAME **TORBERT, FRED & PAT**
STREET ADDRESS **2426 GEIGEL AVE**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **P** ☐ Delete
NAME **WILSON, RICHARD**
STREET ADDRESS **5351 BROSHE RD**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **S** ☐ Delete
NAME **OGILVIE, IAN & SANDY**
STREET ADDRESS **255 ISLE OF SKY CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **T** ☐ Delete
NAME **MORGAN, BRUCE**
STREET ADDRESS **697 SHADY CT**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **DV** ☐ Delete
NAME **CRAIG, MIKE & CATHY**
STREET ADDRESS **1030 SHANGRA-LA LANE**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **D** ☐ Delete
NAME **NOON, JACK & PEG**
STREET ADDRESS **410 MEADOWOOD BLVD**
CITY-ST-ZIP **FERN PARK, FL 32730**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Change ☐ Addition
NAME **HANKY, ROBERT & ELAINE**
STREET ADDRESS **13534 BLUEWATER CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **P** ☒ Change ☐ Addition
NAME **TORBERT, FRED & PAT**
STREET ADDRESS **2426 GEIGEL AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32806**

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

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

TITLE **DV** ☒ Change ☐ Addition
NAME **MILHAN, PAUL & CAROLYN**
STREET ADDRESS **820 LOVE PARK PLACE**
CITY-ST-ZIP **LONG WOOD, FL 32779**

TITLE **D** ☒ Change ☐ Addition
NAME **CRAIG, MIKE & CATHY**
STREET ADDRESS **1030 SHANGRA-LA LANE**
CITY-ST-ZIP **OVIEDO, FL 32765**

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

Date

Daytime Phone #

BRUCE A. MORGAN

4-1-2006

407-339-3121