

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90027 020 \*\*\*\*61.25

DOCUMENT # F00000002968

1. Entity Name

THE CALLERLAB FOUNDATION FOR PRESERVATION &  
PROMOTION OF SQUARE DANCING, INC.



Principal Place of Business

467 FORREST AVE., STE 118  
COCOA, FL 32922

Mailing Address

467 FORREST AVE., STE 118  
COCOA, FL 32922

34041101



03292004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

41-1693478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REED, JERRY  
467 FORREST AVE., STE 118  
COCOA, FL 32922

**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

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE CD  
NAME JACOBS, MIKE  
STREET ADDRESS P O BOX 2555  
CITY-ST-ZIP FLEMINGTON, NJ 08822

TITLE VD  
NAME CRAWFORD, TIM  
STREET ADDRESS 2229 SUNNYSIDE DRIVE  
CITY-ST-ZIP MARION, IN 469529753

TITLE D  
NAME COLE, LARRY  
STREET ADDRESS 3301 N. 500 W.  
CITY-ST-ZIP MARION, IN 46952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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

3-29-04

Date

Daytime Phone #