

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90177 010 \*\*\*\*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**



**DO NOT WRITE IN THIS SPACE**

01182006 No Chg-NP CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	JACOBS, MIKE <i>TIM MARRINER</i>
STREET ADDRESS	<del>P.O. BOX 2555</del> <i>P.O. BOX 37178</i>
CITY-ST-ZIP	<del>FLEMINGTON, NJ 08822</del> <i>ROCK HILL, SC 29732</i>

TITLE	VD
NAME	CRAWFORD, TIM <i>JOHN Marshall</i>
STREET ADDRESS	<del>2229 CUNNYSIDE DRIVE</del> <i>46730 Graham</i>
CITY-ST-ZIP	<del>MARION, IN 46952</del> <i>STERLING, VA 20165</i>

TITLE	<del>STD</del> <i>Reed, Jerry</i>
NAME	<del>GOLE, LARRY</del> <i>943 TAMARIND</i>
STREET ADDRESS	<del>3501 N. 500 W.</del> <i>ROCKLEDGE, FL 32955</i>
CITY-ST-ZIP	<del>MARION, IN 46952</del>

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-22-06 321-639-0039*

Date

Daytime Phone #