2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# N08000006701

Entity Name: PALATKA SOCIAL DANCE CLUB, INC.

Current Principal Place of Business:

111 WOODLINE ROAD
SATSUMA, FL 32189

New Principal Place of Business:

Current Mailing Address:

111 WOODLINE ROAD
SATSUMA, FL 32189

New Mailing Address:

FEI Number: 37-1571315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALEXANDER, ALICIA
111 WOODLINE ROAD
SATSUMA, FL 32189 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: P ( ) Delete
Name: ALEXANDER, ALICIA
Address: 111 WOODLINE ROAD
City-St-Zip: SATSUMA, FL 32189

Title: S ( ) Delete
Name: LORENTZ, PAT
Address: 131 PARK DRIVE
City-St-Zip: SATSUMA, FL 32189

Title: V ( ) Delete
Name: PRICE, TOM
Address: 265 NORTH COOPER LAKE DRIVE
City-St-Zip: INTERLACHEN, FL 32148

Title: T ( ) Delete
Name: SEEDS, MARY L
Address: 87 PHOENETIA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: V ( ) Delete
Name: MC DOWELL, JAMES
Address: 111 WOODLINE ROAD
City-St-Zip: SATSUMA, FL 32189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ALICIA ALEXANDER PRES 05/08/2009
Electronic Signature of Signing Officer or Director — Date