


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90019 029 \*\*\*\*61.25

<b>DOCUMENT # N12911</b> 1. Entity Name <b>THE ST. AUGUSTINE BALLROOM DANCE ASSOCIATION, INC.</b>					
Principal Place of Business <b>P O BOX 3315 ST AUGUSTINE FL 32085</b>				Mailing Address <b>P O BOX 3315 ST AUGUSTINE FL 32085</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2353051</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MUCHTIN, JUNE 1025 SAN RAFAEL STREET SAINT AUGUSTINE FL 32080</b>				7. Name and Address of New Registered Agent Name <b>OLSON, WAYNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>9 OCEAN TRACE RD.</b> City <b>ST. AUGUSTINE FL</b> Zip Code <b>32080</b>	
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 <b>WAYNE OLSON, TREASURER</b> <i>Wayne Olson</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)</small> DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD DE LORETTO, JOSEPH 413 SAN NICOLAS WAY SAINT AUGUSTINE FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUCHTIN, JUNE 1025 SAN RAFAEL ST SAINT AUGUSTINE FL 32080	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, FRANK 20 CONTERA DRIVE SAINT AUGUSTINE FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARRAGHER, LESLIE 421 ORCHIS ROAD SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS PEPPIN, EDNA 1508 CARNOUSTIE CT SAINT AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENICK, GEORGE 1310 ROYAL TROON LANE SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>OLSON, WAYNE</b> <b>9 OCEAN TRACE RD.</b> <b>ST. AUGUSTINE, FL. 32080</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS <b>STALLINGS, MARY</b> <b>241 BLUEBIRD LANE</b> <b>ST. AUGUSTINE FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Frank Phillips</i>					



**50002122**

1st MOORE CR2E037 (10/05)

Applied For  
Not Applicable