

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:49

DOCUMENT # **N16352 (9)**
1. Corporation Name
ORLANDO INTERNATIONAL FOLK DANCE CLUB INC.

Principal Place of Business Mailing Address
**1500 GAY ROAD
8-B
WINTER PARK FL 32789
US** **1500 GAY ROAD
8-B
WINTER PARK FL 32789
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/23/1986** 3a. Date of Last Report **06/14/1994**
4. FEI Number **59-2692417** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **9859 Berry Dease Road** 26 **9859 Berry Dease Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **Orlando, Fl. 32825** 28 **Orlando, Fl. 32825**
Zip Country Zip Country
24 **32825** 25 **Orange** 29 **32825** 30 **Orange**

9. Name and Address of Current Registered Agent
**WARTELL LARRY
1500 GAY ROAD
#8-B
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
81 Name **Bob Quibodeaux**
82 Street Address (P.O. Box Number is Not Acceptable) **9859 Berry Dease Road**
83
84 City **Orlando** 85 Zip Code **FL 32825**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Bob Quibodeaux* 03/09/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUIBODEAUX, BOBBY J.
STREET ADDRESS	9859 BERRY DEASE RD.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	HENDERSON, PAT
STREET ADDRESS	9859 BERRY DEASE ROAD
CITY - ST - ZIP	ORLANDO FL
TITLE	VPD
NAME	CROSS, MICKEY
STREET ADDRESS	4375 BENEDICTINE CIRCLE
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	SCHOCKEY, JUANITA
STREET ADDRESS	14533 MAIDSTONE RD
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	ANTHONY, BETH
STREET ADDRESS	430 W. LAKEVIEW AVE.
CITY - ST - ZIP	LAKE MARY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Henderson, Pat
53 STREET ADDRESS	9859 Berry Dease Road
54 CITY - ST - ZIP	Orlando, Fl. 32825
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bob Quibodeaux*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/95 4012756247
Date System Number