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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N16352 (9)

1. Corporation Name

ORLANDO INTERNATIONAL FOLK DANCE CLUB INC.



Principal Place of Business

Mailing Address

9859 BERRY DEASE RD  
ORLANDO FL 32825  
US

9859 BERRY DEASE RD  
ORLANDO FL 32825-7744  
US

3. Date Incorporated or Qualified  
07/23/1986

3a. Date of Last Report  
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUIBODEAUX, BOB  
9859 BERRY DEASE RD  
ORLANDO FL 32825

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME QUIBODEAUX, BOBBY J.  
STREET ADDRESS 9859 BERRY DEASE RD.  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME HENDERSON, PAT  
STREET ADDRESS 9859 BERRY DEASE ROAD  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Juanita Schockey  
2.3 STREET ADDRESS 14533 Maidstone Rd  
2.4 CITY-ST-ZIP Orlando, FL 32826

TITLE VPD ☒ DELETE  
NAME CROSS, MICKEY  
STREET ADDRESS 4375 BENEDICTINE CIRCLE  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Palmira Mora-Valls  
3.3 STREET ADDRESS 9586 Lingwood Trail  
3.4 CITY-ST-ZIP Orlando, FL 32817

TITLE TD ☒ DELETE  
NAME SCHOCKEY, JUANITA  
STREET ADDRESS 14533 MAIDSTONE RD  
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME HENDERSON, PAT  
STREET ADDRESS 9859 BERRY DEASE RD  
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert J. Henderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/97

407-275-6247

CR2E037 (9/96)