2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N16352

1. Entity 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 US

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03062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2692417
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, ANN
1910 CONIFER COURT
WINTER PARK, FL 32792

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUIBODEAUX, BOBBY J.
STREET ADDRESS	9859 BERRY DEASE RD
CITY-ST-ZIP	ORLANDO, FL
TITLE	VD
NAME	BERKEMEIER, JOE
STREET ADDRESS	2489 QUIET WATERS LOOP
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	TD
NAME	MORA-VALLS, PALMIRA
STREET ADDRESS	9586 LINGWOOD TRAIL
CITY-ST-ZIP	ORLANDO, FL
TITLE	SD
NAME	HENDERSON, PAT
STREET ADDRESS	9859 BERRY DEASE RD
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000380653
04/25/05-80165-025 $1.25

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12. I 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 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: Bobby J Quibodeaux Apr. 20, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #