


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N16352 1. Entity Name ORLANDO INTERNATIONAL FOLK DANCE CLUB INC.	
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Principal Place of Business 9859 BERRY DEASE RD ORLANDO, FL 32825 US	Mailing Address 9859 BERRY DEASE RD ORLANDO, FL 32825 US
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DO NOT WRITE IN THIS SPACE



07182006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2692417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, ANN
1910 CONIFER COURT
WINTER PARK, FL 32792

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by September 8, 2006

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

U00000572227
07/25/06-80020-018 61.25

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **07/19/2006** **407-275-6247**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #