

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N16352**

1. Entity Name  
**ORLANDO INTERNATIONAL FOLK DANCE CLUB INC.**



Principal Place of Business  
**9859 BERRY DEASE RD  
ORLANDO, FL 32825 US**

Mailing Address  
**9859 BERRY DEASE RD  
ORLANDO, FL 32825 US**



07162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_

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

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

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

U00000770926  
07/31/07-80006-018 61.25

**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*

**Bobby J. Quibodeaux**

**07/21/07 407-275-6247**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #