2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31609

FILED Apr 29, 2009 Secretary of State

Entity Name: GAINESVILLE OLDTIME DANCE SOCIETY, INC.

1630 NW #13224 GAINESV		ss:	New Principal Place	New Principal Place of Business:	
	1ST AVE				
	LLE, FL 32603 US				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1630 NW	1ST AVE				
#13224 GAINESV	LLE, FL 32603 US				
FEI Number	: 59-2936733 FEI Numbe	r Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of Current Reg	istered Agent:	Name and Address	of New Registered Agent:	
1221 NE 2 GAINESV The above in the Stat	LLE, FL 32609 US named entity submits this e of Florida.	statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATU		of Dogistared Ager	*	Data	
OEEICED	_	e of Registered Ager		Date	
	S AND DIRECTORS:			SES TO OFFICERS AND DIRECTORS:	
Title: Vame:	D () Delete HAND, JOE	W 53/4 BB 44 G 46	Title: Name:	() Change () Addition	
Address: City-St-Zip:	3900 COMMONWEALTH BOU TALLAHASSEE, FL 32399	JLEVARD M.S. 49	Address: City-St-Zip:		
City-St-Zip: Fitle: Name: Address:		JLEVARD M.S. 49		()Change ()Addition	
	TALLAHASSEE, FL 32399 D () Delete BARTHOLOMEW, BRIAN 1221 NE 28TH AVE	JLEVARD M.S. 49	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	TALLAHASSEE, FL 32399 D () Delete BARTHOLOMEW, BRIAN 1221 NE 28TH AVE GAINESVILLE, FL 32609 D () Delete CHRISTINE, HOUSEL 922 NW 20TH ST	JLEVARD IVI.S. 49	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN BARTHOLOMEW TRES 04/29/2009