NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name N43570

ORLA	ORLANDO SINGLES SQUARE AND ROUND DANCE CLUB,					INC.			
Principal Place of Business Mailing Address									
c/o TERRY BROOKS									
101 SUNNYTOWN RD.						Date Incorporated or Qualified 3a. Date of Last Report			
SUITE 200							•		
2. Principa DASSELBERRY, FLORIDA a. NG BJAG Jess					4. FEI Number	0/1331	04/14/	Applied For	
21 26							Not Applicable		
Suite, Apt. #, etc.				l-		f Status Desired	S8.7	5 Additional	
22		27			O. Ochmeste C	Glaids Desired	Fee	Required	
City & State	3	City & State			j	mpaign Financing		00 May Be	
Zip Country		Zip Country			Added to Fees				
24	25 29 30			У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
81 Name							g		
				Character	7				
BROOKS, TERRY A. 82 Street Address						^{iross (P.O.} 60000017972 66			
101 SUNNYTOWN RD. 83					-04/29/9601014049				
SUITE 200				City	***6	1.25	11		
CASSELBERRY, FLORIDA 32707				1 1				lip 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. Thereby 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 ritle 1 applicable (NOTE Registered Agent signature required with 12. OFFICERS AND DIRECTORS 13.						CHANGE O TO OFFIC	DATE SIGNOT	060 11.40	
TITLE T		DINECTONS PREETE	13.			CHANGES TO OFFIC	ERS AND DIRECTO		
NAME	PD	- •	1.2 NAME		PD	TAILM		Addition 🙀	
STREET ADDRESS	LANDWEHR, BEVERLY			HATISER, COIN					
CITY - ST - 2IP	15840-188 S.R. 50			122 B. BAREMOOD CIK.					
TITLE	CLERMONT, FL	DELETE	2 1 TITLE	31-211	ORLANDO,I	<u>' La</u>	☐ Change	Addition	
NAME	VD				VD			A.	
STREET ADDRESS	WAYNE GUICE 3661 TRIANON DR			TREET ADDRESS ELLIOTT, LOUISE					
CITY-SY-ZIP	ORLANDO, FL			ST-ZIP	448 E. HILLCREST ST.			,	
TITLE	TD	□ XDELETE	3 1 TITLE		ALTOMONTE	SPRINGS,	FL Change	Addition	
NAME			3.2 NAME		TD			••	
STREET ADDRESS	MELTER, CORINNE 1408 PINE HILLS	חמ	3 3 STREE	1 ADDRESS	WALTON, LO 3703-2 S.O	ORRAINE	71JV		
CITY-ST-ZIP	ORLANDO, FL.		34 City	ST - ZIP	ORLANDO, I		VM 1		
TITLE	SD	∏ DELETE	4 1 TITLE		SD	. 44 •	☐ Change	Addition	
NAME	DIONNE, PATRICIA		4 2 NAME		McCOY, MAE	CADEM			
STREET ADDRESS	34 CEDAR DUNES		1	T ADDRESS					
CITY-ST-ZIP TITLE	NEW SMYRNA, FLA	■ DELETE	4.4 CiTY-	ST-ZIP	107 KNOLLO				
NAME	D Direction of the Dire	TATABLE	5 1 TITLE		LONGWOOD,	FL	🙀 Change	☐ Addition	
STREET ADDRESS	TONY BROWNELL		5.2 NAME		_	DRURRIN			
CITY-ST-ZIP	1233 SUNFLOWER T	דם		T ADDRESS	LANDWEHR, 15840-188				
TITLE	ORLANDO, FL	DELETE	5 4 CiTy - 6 1 TiTLE	SI - ZIP			Change	- Addition	
NAME			6 2 NAME		CLERMONT,	rЪ	∟, change	Addition	
STREET ADDRESS			l l	T ADDRESS				11/2	
CITY-ST-ZIP			6.4 CITY -					N3, N	
14. I do hereby	certify that the information supplied wi	h this filing is voluntarily furr	ished and do	e not oue	llify for the exemption sta	ated in Section 119.0	7(3)(k), Florida Statu	tes. I further	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 add	ress.		o and report to required	ω _ε σπαριώ στι, FΙΟΠ	oc otatutes, and III	аспунате	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OF DIRECTOR

4-19-96 (407)877-8677

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