

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43570

1. Corporation Name

ORLANDO SINGLES SQUARE &amp; ROUND DANCE CLUB, INC.

Principal Place of Business

Mailing Address

C/O Terry A. Brooks, P.A.  
2110 E. Robinson St.  
Orlando, FL 328033. Date Incorporated or Qualified  
May 28, 19913a. Date of Last Report  
April 7, 1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3099275

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

Terry A. Brooks, P.A.  
2110 E. Robinson St.  
Orlando, FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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. I hereby 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATYSEK, JOHN	1.2 NAME	ELLIOTT, LOUISE
STREET ADDRESS	122 S. Lakewood Cir.	1.3 STREET ADDRESS	448 E. Hillcrest St.
CITY-ST-ZIP	Maitland, FL 32751	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOTT, LOUISE	2.2 NAME	COOPER, GLORIA
STREET ADDRESS	448 E. Hillcrest St.	2.3 STREET ADDRESS	834 Commonwealth Ct.
CITY-ST-ZIP	Altamonte Springs, FL 32701	2.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTON, Lorraine	3.2 NAME	WALTON, LORRAINE
STREET ADDRESS	3703-2 S. Lake Orlando Pkwy.	3.3 STREET ADDRESS	3703-2 S. Lake Orlando Pkwy.
CITY-ST-ZIP	Orlando, FL 32808	3.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOY, MARGARET	4.2 NAME	GARRETT, SYLVIA
STREET ADDRESS	107 Knollcrest Dr.	4.3 STREET ADDRESS	2740 Evelyn Dr.
CITY-ST-ZIP	Longwood, FL 32779	4.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDWEHR, BEVERLY	5.2 NAME	MCCOY, MARGARET
STREET ADDRESS	15840-188 S.R. 50	5.3 STREET ADDRESS	107 Knollcrest Dr.
CITY-ST-ZIP	Clermont, FL 34711	5.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002145537
STREET ADDRESS		6.3 STREET ADDRESS	-04/17/97--01001--062
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. I do 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 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORRAINE T. WALTON

4-7-97 (407) 291-7282

Date

Daytime Phone #

CR2E037 (9/96)