


FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43570** (3)
1. Corporation Name
ORLANDO SINGLES SQUARE AND ROUND DANCE CLUB, INC

Principal Place of Business 448 E. HILLCREST STREET ALTAMONTE SPRINGS FL 32701	Mailing Address 448 E. HILLCREST STREET ALTAMONTE SPRINGS FL 32701
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 609015 27 Suite, Apt. #, etc. 28 Orlando, FL 29 32860-9015 30 USA
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3. Date Incorporated or Qualified 05/28/1991	4. FEI Number 59-3099275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**ELLIOTT, LOUISE B
448 E. HILLCREST STREET
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ELLIOTT, LOUISE
STREET ADDRESS	448 E. HILLCREST ST.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	VD <input type="checkbox"/> DELETE
NAME	COOPER, GLORIA
STREET ADDRESS	834 COMMONWEALTH CT.
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	TD <input type="checkbox"/> DELETE
NAME	WALTON, LORRAINE
STREET ADDRESS	3703-2 S. LAKE ORLANDO PKWY.
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	GARRETT, SYLVIA
STREET ADDRESS	2740 EVELYN DR.
CITY-ST-ZIP	APOPKA FL 32703
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCOY, MAARGARET
STREET ADDRESS	107 KNOLLCREST DR.
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	WALTON, LORRAINE
STREET ADDRESS	3703-2 S. ORLANDO PKWY
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	Kranz, Patricia
4.4 CITY-ST-ZIP	501 N. Lt. Sybellin Dr. Maitland, FL 32751
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Duplication error
6.4 CITY-ST-ZIP	

14. I 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: Louise B. Elliott RLouise B. Elliott, Pres. 1/8/98 (407)831-1513

CH2E037 (10/97)