

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-09-2007 90092 008 ****61.25

DOCUMENT # N43570 1. Entity Name ORLANDO SINGLES SQUARE AND ROUND DANCE CLUB, INC.					
Principal Place of Business 3703 2 S LAKE ORLANDO PWY ORLANDO, FL 32808				Mailing Address 3703 2 S LAKE ORLANDO PWY ORLANDO, FL 32808 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3099275	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BARNES, VIRGINIA 8125 GRAMONT AVE ORLANDO, FL 328-129y				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Virginia Barnes</i></u> President <u><i>4-6-07</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, VIRGINIA 8125 GRAMONT AVE ORLANDO, FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOMERS, ANNA 806 LITTLE WAKIWA DR ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Crandall, Patty 4227 Vixen Ct. Oviedo, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERNAL, LORRIE 5451 DENISE AVE ORLANDO, FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRANZ, PATRICIA 107 STARLING LANE LONGWOOD, FL 32779	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JS Blowey, John 2526 Prairie View Dr Winter Garden, FL 34787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u><i>Virginia Barnes</i></u> President <u><i>4-26-07</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					