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FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N47137 (7)

1. Corporation Name

SOCIETY FOR THE PRESERVATION OF ORIENTAL FOLKLOR  
IC DANCE AND CULTURE, INC.

Principal Place of Business

Mailing Address

212 N.W. 15TH AVENUE  
GAINESVILLE FL 32601

212 N.W. 15TH AVENUE  
GAINESVILLE FL 32601



3. Date Incorporated or Qualified

01/31/1992

4. FEI Number

59-3117057

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOELMEYER, NINA  
212 N.W. 15TH AVENUE  
GAINESVILLE FL 32601

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 PTD  
NAME KOELMEYER, NINA  
STREET ADDRESS 212 NW 15TH AVE.  
CITY-ST-ZIP GAINESVILLE FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE DS  
NAME KUNTZ, LOIS A  
STREET ADDRESS 3314 NW 5TH ST  
CITY-ST-ZIP GAINESVILLE FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME BENN, ROBERT  
STREET ADDRESS 120 SW 1ST AVE.  
CITY-ST-ZIP GAINESVILLE FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME CYNTHIA SEARS  
STREET ADDRESS 4628 NW 31ST AVE  
CITY-ST-ZIP GAINESVILLE FL 32606

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE DT  
NAME LAURA LOFTIS  
STREET ADDRESS 4628 NW 31ST AVE  
CITY-ST-ZIP GAINESVILLE FL 32606

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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: Nina Koelmeyer SPDF Chair April 27th '98 (352) 3718386

CR2E037 (10/97)