2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2018
Secretary of State
CC0330306369

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Entity Name: PALATKA SOCIAL DANCE INC.

Current Principal Place of Business:

116 YELVINGTON ROAD
EAST PALATKA, FL 32131

Current Mailing Address:

111 OAKWOOD VILLAGE RD
HAWTHORNE, FL 32640 US

FEI Number: 47-5676636

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELTON, CARLON
111 OAKWOOD VILLAGE RD
HAWTHORNE, FL 32640 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREA
Name	ELTON, CARLON A MS
Address	111 OAKWOOD VILLAGE RD
City-State-Zip:	HAWTHORNE FL 32640

Title	VP
Name	GANTT, THOMAS
Address	P.O. BOX 459
City-State-Zip:	BOSTWICK FL 32000

Title	RECEIVER
Name	MCDOWELL, JAMES
Address	P.O. BOX 2166
City-State-Zip:	HAWTHORNE FL 32640

Title	SECRETARY
Name	PIET, BARBARA
Address	185 LEWIS POINT RD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	P
Name	MATTHIAS, RICHARD MR
Address	283 ALMANSA RD
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	2VP
Name	RICKS, MARTHA
Address	7052 SILVER LAKE DR.
City-State-Zip:	PALATKA FL 32177

Title	VP
Name	LEWIS, THELMA
Address	283 ALMANSA RD.
City-State-Zip:	ST.AUGUSTINE FL 32086

Title	RECIEVER
Name	HAYS, SHERRY
Address	169 RAND R RANCH RD
City-State-Zip:	PALATKA FL 32177

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLON ANN ELTON TREA 03/15/2018

Electronic Signature of Signing Officer/Director Detail — Date