

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 706943 (8)

1. Corporation Name

WEST COAST SQUARE AND ROUND DANCERS ASSOCIATION,
INC.



Principal Place of Business

6665 71ST N
PINELLAS PARK FL 34665
US

Mailing Address

6665 71 ST N
PINELLAS PARK FL 34665
US

3. Date Incorporated or Qualified
03/06/1964

3a. Date of Last Report
05/01/1995

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

4. FEI Number
59-2145982

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. 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

BURCHAM, GEORGE
4685 15TH AVE. S.
ST. PETERSBURG FL 33708

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 VD ☒ DELETE
NAME BRASFIELD, KENNETH
STREET ADDRESS 4925 17TH AVENUE N
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME RANDALL Lewis
1.3 STREET ADDRESS 3835 10th St. NE
1.4 CITY-ST-ZIP St. Petersburg, FL. 33703

TITLE TD ☐ DELETE
NAME WALKER, ZURHN
STREET ADDRESS 1180 W GEORGIA ST
CITY-ST-ZIP BARTOW FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME HAYES, HOWARD
STREET ADDRESS 6665 71ST STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME TOM SMITH
3.3 STREET ADDRESS 3203 Maydell Drive
3.4 CITY-ST-ZIP TAMPA, FL. 33619

TITLE SD ☐ DELETE
NAME LEWIS, JOANNE
STREET ADDRESS 8007 11TH STREET
CITY-ST-ZIP TAMPA FL

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joanne E. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/96

Date

813/932-1946

Daytime Phone

CR2E037 (12/95)