

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Wörtham Secretary of State DIVISION OF CORPORATIONS
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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 33781 US
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3. Date Incorporated or Qualified 03/06/1964	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business 21 675 BEAR CREEK DR	2a. Mailing Address 26 675 BEAR CREEK DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State BARTON FL	28 City & State BARTON FL
24 Zip 33830	25 Country POLK
29 Zip 33830	30 Country POLK

4. FEI Number 59-2145982	Applied For <input type="checkbox"/>
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name SLOCUM, DONALD
82 Street Address (P.O. Box Number is Not Acceptable) 675 BEAR CREEK DR
83
84 City BARTON
85 Zip Code FL 33830

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 *Donald W. Slocum* **DONALD W SLOCUM** DATE **3-22-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, RANDALL		1.2 NAME LEWIS, RANDALL	
STREET ADDRESS 3835 10TH STREET NE		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALKER, ZURHN		2.2 NAME WALKER ZURHN	
STREET ADDRESS 1180 W GEORGIA ST		2.3 STREET ADDRESS	
CITY-ST-ZIP BARTON FL		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SMITH, TOM		3.2 NAME BROWN, KEN	
STREET ADDRESS 3203 MAYDELL DRIVE		3.3 STREET ADDRESS 50 COE RD, #222	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP BELLAIR FL 34616	
TITLE PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEWIS, JOANNE		4.2 NAME SLOCUM, DONALD	
STREET ADDRESS 8007 11TH STREET		4.3 STREET ADDRESS 675 BEAR CREEK DR	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP BARTON, FL 33830	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)