

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. Wörthmann 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	Mailing Address
6665 71ST N PINELLAS PARK FL 34665 US	6665 71 ST N PINELLAS PARK FL 33761 US

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	2a. Mailing Address
21 675 BEAR CREEK DR	26 675 BEAR CREEK DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 BARTON FL	28 BARTON FL
24 33830	25 POLK
29 33830	30 POLK

4. FEI Number 59-2145982	Applied For <input type="checkbox"/> Not Applicable
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	85 Zip Code 33830
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** **3-22-97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	LEWIS, RANDALL
STREET ADDRESS	3835 10TH STREET NE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WALKER, ZURHN
STREET ADDRESS	1180 W GEORGIA ST
CITY-ST-ZIP	BARTON FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	SMITH, TOM
STREET ADDRESS	3203 MAYDELL DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	LEWIS, JOANNE
STREET ADDRESS	8007 11TH STREET
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME D	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME D	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME D	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME D	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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)