

2-17-98

FILE NOW: FILING FEE IS \$61.25

B 2194 MC

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Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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

**675 BEAR CREEK DR.  
BARTOW FL 33830  
US****675 BEAR CREEK DR.  
BARTOW FL 33830  
US**

3. Date Incorporated or Qualified

**03/06/1964**

4. FEI Number

**59-2145982**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 ☐ No8. 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

**SLOCUM, DONALD  
675 BEAR CREEK DR.  
BARTOW FL 33830**

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 ☐ DELETE**VPD  
LEWIS, RANDALL  
3835 10TH STREET NE  
ST. PETERSBURG FL**

1.1 TITLE

**PD** ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**LEWIS, W. RANDALL  
3835 10TH ST, NE  
ST. PETERSBURG, FL 33703**TITLE ☒ DELETE**PD  
WALKER, ZURHN  
1180 W GEORGIA ST  
BARTOW FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE ☐ DELETE**SD  
BROWN, KEN  
50 COE RD #222  
BELLEAIR FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**VPD** ☒ Change ☐ Addition  
**BROWN, KEN  
50 COE ROAD, #222  
BELLEAIR, FL**TITLE ☐ DELETE**TD  
SLOCUM, DONALD  
675 BEARCREEK DR.  
BARTOW FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition  
**SD  
SLOCUM, DONALD  
675 BEARCREEK DRIVE  
BARTOW, FL 33830**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☒ Addition  
**TD  
APPEL, WILLIAM  
4429 VIBUX CARRE CIRCLE  
TAMPA, FL 33613**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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:

*William J. Appel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. APPEL 1/22/98 813-631

Date

Daytime Phone #

CP2E037 (10/97)