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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90058 022 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 706943

1. Corporation Name
WEST COAST SQUARE AND ROUND DANCERS ASSOCIATION, INC.

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|--|--|
| Principal Place of Business 675 BEAR CREEK DR. BARTOW FL 33830 US | Mailing Address 675 BEAR CREEK DR. BARTOW FL 33830 US |
|--|--|



| | | |
|--------------------------------|------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 03/06/1964 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-2145982 |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 Zip | 28 Country | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 Zip | 25 Country | 29 Zip |
| 26 Country | 30 | |

9. Name and Address of Current Registered Agent

SLOCUM, DONALD
675 BEAR CREEK DR.
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name **WILLIAM J. APPEL**
 82 Street Address (P.O. Box Number is Not Acceptable)
4429 VIEUX CARRE CIRCLE
 83
 84 City **TAMPA** FL 85 Zip Code **33613**

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 *William J. Appel* DATE **1-31-99**

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | LEWIS, W R | |
| STREET ADDRESS | 3835 10TH STREET NE | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | APPEL, WILLIAM | |
| STREET ADDRESS | 4429 VIEUX CARRE CIR | |
| CITY-ST-ZIP | TAMPA FL 33613 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | BROWN, KEN | |
| STREET ADDRESS | 50 COE RD #222 | |
| CITY-ST-ZIP | BELLEAIR FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SLOCUM, DONALD | |
| STREET ADDRESS | 675 BEARCREEK DR. | |
| CITY-ST-ZIP | BARTOW FL 33830 | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 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 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, with all other like empowered.

SIGNATURE: *William J. Appel* DATE: **1-31-99** DAYTIME PHONE #: **813-631-7766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)