

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706943

FILED
Jan 06, 2004
Secretary of State**Entity Name:** WEST COAST SQUARE AND ROUND DANCERS ASSOCIATION, INC.**Current Principal Place of Business:**760 PLEASANT VIEW DR
AUBURNDALE, FL 33823 US**New Principal Place of Business:****Current Mailing Address:**760 PLEASANT VIEW DR
AUBURNDALE, FL 33823 US**New Mailing Address:****FEI Number:** 59-2145982 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DENT, JANE F
4010 MANGO AVE
TAMPA, FL 33616**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: SIOCUM, DON
Address: 675 BEARCREEK DR
City-St-Zip: BARTOW, FL 33830**Title:** TD () Delete
Name: DENT, JANE F
Address: 4010 MANGO AVE
City-St-Zip: TAMPA, FL 33616**Title:** PD () Delete
Name: COURTER, ROBERT
Address: 3721 97TH TERRACE N.
City-St-Zip: PINELLAS PARK, FL 33782**Title:** SD () Delete
Name: SMITH, FRED
Address: 760 PLEASANTVIEW DR
City-St-Zip: AUBURNDALE, FL 33823**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: SIOCUM, DON
Address: 675 BEARCREEK DR
City-St-Zip: BARTOW, FL 33830**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: PENNY, GREEN
Address: 225 MEADOW VUE LANE
City-St-Zip: AUBURNDALE, FL 33823**Title:** VD (X) Change () Addition
Name: SMITH, FRED
Address: 760 PLEASANTVIEW DR
City-St-Zip: AUBURNDALE, FL 33823

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON SLOCUM

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date