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Jan 27, 1999 8:00am

Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727638

1. Corporation Name

ROADRUNNERS SQUARE DANCE CLUB OF THE PALM BEACHE
S, INC.

Principal Place of Business

1811 MONTAGUE STREET
LAKE WORTH FL 33461-6020
US

Mailing Address

1811 MONTAGUE STREET
LAKE WORTH FL 33461-6020
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

10/03/1973

4. FEI Number
23-7354113

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HUBBARD, KIPP
1811 MONTAGUE STREET
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

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

TITLE P
NAME HUBBARD, KIPP
STREET ADDRESS 1811 MONTAGUE STREET
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE T
NAME WAKEMAN, GEORGE
STREET ADDRESS 724 SOUTH LAKE DRIVE
CITY-ST-ZIP LANTANA FL 33462

TITLE D
NAME GOUGEON, KEN
STREET ADDRESS 2330 LANTANA RD LOT 4B
CITY-ST-ZIP LANTANA FL 33462

TITLE D
NAME SILVERSTEIN, MORT
STREET ADDRESS 5073-C LAKEFRONT BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE SD
NAME GORDON ESKRIDGE
STREET ADDRESS 629 WEST OCEAN AVE
CITY-ST-ZIP BOYHTON BEACH FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/99 561-586-3095

CR2E037 (1/98)