

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732220 (9)**
1. Corporation Name
THE CHARLOTTE PROMENADERS SQUARE DANCE CLUB, INC



Principal Place of Business: **10303 BURNT STORE RD #31 PUNTA GORDA FL 33950**
Mailing Address: **10303 BURNT STORE RD #31 PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified: **03/20/1975**
3a. Date of Last Report: **02/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1645327	Applied For Not Applicable
22. Suite, Apt. #, etc	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
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		10. Name and Address of New Registered Agent			
QUINN, VAN 10303 BURNT STORE RD #31 PUNTA GORDA FL 33950		81. Name	Wallace, Royce		
		82. Street Address (P.O. Box Number is Not Acceptable)	22 392 La Guardia Ave.		
		83.			
		84. City	Port Charlotte	85. Zip Code	FL 33952

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 officer 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: Royce Wallace (NOTE: Registered Agent signature required when reinstating) DATE: Royce Wallace

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROKMEIER, FRED	1.2 NAME	
STREET ADDRESS	22486 ADORN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, VAN	2.2 NAME	Wallace, Royce
STREET ADDRESS	10303 BURNT STORE RD #31	2.3 STREET ADDRESS	22 392 La Guardia Av.
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	Port Charlotte, FL. 33952
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAUGHNESSY, ESTHER	3.2 NAME	
STREET ADDRESS	20222 BLAINE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONNEVILLE, PETER	4.2 NAME	500001740955
STREET ADDRESS	20450 ANDOVER AVE	4.3 STREET ADDRESS	-03/13/96--01027--009
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP	***61.25
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, ROYCE	5.2 NAME	Quinn, Van
STREET ADDRESS	568 LANCASTER ST.	5.3 STREET ADDRESS	10303 Burnt Store Rd. 31
CITY-ST-ZIP	PT. CHARLOTTE FL	5.4 CITY-ST-ZIP	Punta Gorda, FL. 33950
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIBBENMEYER, LEONARD	6.2 NAME	
STREET ADDRESS	1541 ALTON	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Fred Brokmeier, Treasurer DATE: 02/02, 96 DAYTIME PHONE #: 941 629 7378

CR2E037 (12/95)

Handwritten initials and date: PKB 2/2/96