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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33950-7941

3. Date Incorporated or Qualified: 03/20/1975
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business: 21 22486 Adorn Ave
2a. Mailing Address: 26 22486 Adorn Ave

4. FEI Number: 59-1645327
Applied For: Not Applicable

22 City & State: Port Charlotte, FL
27 City & State: Port Charlotte, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Zip: 33952
28 Zip: 33952

6. Election Campaign Financing: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: WALLACE, ROYCE 22 392 LA GUARDIA AVE. PORT CHARLOTTE FL 33952

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent: 81 Name: Fred Brokmeier
82 Street Address: 22486 Adorn Ave
84 City: Port Charlotte FL
85 Zip Code: 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 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: Fred Brokmeier (T) DATE: 03/02, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T BROKMEIER, FRED 22486 ADORN AVE PORT CHARLOTTE FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P WALLACE, ROYCE 22 392 LA GUARDIA AV. PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S SHAUGHNESSY, ESTHER 20222 BLAINE AVE. PT. CHARLOTTE FL	<input type="checkbox"/> DELETE	2.2 NAME	
D LONNEVILLE, PETER 20450 ANDOVER AVE PT CHARLOTTE FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	ARTHUR MILLER 1832 Nuremberg Blvd
D QUINN, VAN 10303 BURNT STORE RD. 31 PUNTA GORDA FL 33950	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Port Charlotte, FL 33983
D WIBBENMEYER, LEONARD 1541 ALTON PT. CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	NATHANIEL PRATHER
		6.3 STREET ADDRESS	1080 Bal Harbor Blvd.
		6.4 CITY-ST-ZIP	Punta Gorda, FL 33950

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] DATE: 01/12/97 944 629 7378

CR2E037 (9/96)