

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732220** (9)  
1. Corporation Name  
**THE CHARLOTTE PROMENADERS SQUARE DANCE CLUB, INC**



Principal Place of Business <b>22486 ADORN AVE PORT CHARLOTTE FL 33952 US</b>	Mailing Address <b>22486 ADORN AVE PORT CHARLOTTE FL 33952 US</b>
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3. Date Incorporated or Qualified <b>03/20/1975</b>		
4. FEI Number <b>59-1645327</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BROKMEIER, FRED  
22486 ADORN AVE  
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

01 Name <b>Brokmeier, Fred</b>
02 Street Address (P.O. Box Number is Not Acceptable) <b>22486 Adorn Ave.</b>
03
04 City <b>Port Charlotte</b>
05 State <b>FL</b>
06 Zip Code <b>33952</b>

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: *(Brokmeier, Fred)* DATE: **01/15, 98**

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>BROKMEIER, FRED</b>	
STREET ADDRESS	<b>22486 ADORN AVE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, ARTHUR</b>	
STREET ADDRESS	<b>1832 NUREMBERG BLVD</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHAUGHNESSY, ESTHER</b>	
STREET ADDRESS	<b>20222 BLAINE AVE.</b>	
CITY-ST-ZIP	<b>PT. CHARLOTTE FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>LONNEVILLE, PETER</b>	
STREET ADDRESS	<b>20450 ANDOVER AVE</b>	
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>QUINN, VAN</b>	
STREET ADDRESS	<b>10303 BURNT STORE RD. 31</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>PRATHER, NATHANIEL</b>	
STREET ADDRESS	<b>1080 BAL HARBOR BLVD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Brokmeier, Fred</b>	
1.3 STREET ADDRESS	<b>22486 Adorn Ave.</b>	
1.4 CITY-ST-ZIP	<b>Port Charlotte, Fl 33952</b>	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Bildstein, Trudy</b>	
2.3 STREET ADDRESS	<b>22291 Queens Ave</b>	
2.4 CITY-ST-ZIP	<b>Port Charlotte, Fl 33952</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Vredevoogd, Doris</b>	
3.3 STREET ADDRESS	<b>2399 Bendway Dr.</b>	
3.4 CITY-ST-ZIP	<b>Port Charlotte, Fl. 33948</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Miller, Arthur</b>	
4.3 STREET ADDRESS	<b>1832 Nuremberg Blvd</b>	
4.4 CITY-ST-ZIP	<b>Port Charlotte, Fl 33983</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Wallace, Royce</b>	
5.3 STREET ADDRESS	<b>22392 La Guardia Ave.</b>	
5.4 CITY-ST-ZIP	<b>Port Charlotte, FL. 33952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Ortel, Howard (N/A)</b>	
6.3 STREET ADDRESS	<b>P.O.Box 67</b>	
6.4 CITY-ST-ZIP	<b>Ford Ogden, Fl. 33842</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE: *(Brokmeier, Fred)* DATE: **01/15, 98** 441 629 7378

CFR2037 (10/97)