

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90119 002 ****61.25

DOCUMENT # 732220

1. Corporation Name

The Charlotte Promenaders Square Dance Club INC

Principal Place of Business

22486 Adorn Ave
Port Charlotte FL 33952
US

Mailing Address

22486 Adorn Ave
Port Charlotte FL 33952
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/20/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1645327

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Brokmeier, Fred
22486 Adorn Ave
Port Charlotte FL 33952

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.

Fred Brokmeier T

03 / 04 , 99

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE

NAME Brokmeier, Fred
STREET ADDRESS 22486 Adorn Ave
CITY-ST-ZIP Port Charlotte FL 33952

P ☐ DELETE

NAME Bildstein, Trudy
STREET ADDRESS 22291 Queens Ave
CITY-ST-ZIP Port Charlotte FL 33941

S ☐ DELETE

NAME Vredevoogd, Doris
STREET ADDRESS 2399 Bendway Dr.
CITY-ST-ZIP Port Charlotte FL 33948

D ☐ DELETE

NAME Miller, Arthur
STREET ADDRESS 1832 Nuremberg Blvd
CITY-ST-ZIP Port Charlotte FL 33983

D ☐ DELETE

NAME Wallace, Royce
STREET ADDRESS 22392 Pinecrest Circle
CITY-ST-ZIP Port Charlotte FL 33952

D ☒ DELETE

NAME Ortal, Howard
STREET ADDRESS na (P.O. Box 67)
CITY-ST-ZIP Ford Oden FL 33842

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☒ Change ☐ 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 on an attachment with an address, with all other like empowered.

Fred Brokmeier

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04, 99 941 629 7378

Date

Daytime Phone #

CR2E037 (1/198)