2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-26-2004 90012 040 ****61.25

DOCUMENT # 732220

1. Entity Name

THE CHARLOTTE PROMENADERS SQUARE DANCE CLUB, INC

Principal Place of Business	Mailing Address
22486 ADORN AVE PORT CHARLOTTE FL 33952 US	22486 ADORN AVE PORT CHARLOTTE FL 33952 US

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROKMEIER, FRED 22486 ADORN AVE PORT CHARLOTTE FL 33952	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Fred Brokmeier 02/09, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROKMEIER, FRED 22486 ADORN AVE PORT CHARLOTTE FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLLISON, BOYD 1590 VISCAYA DR PORT CHARLOTTE FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Draime, Carole 31 Castaway North Port, FL 34287 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOOLEY, DOROTHY 12300 HERNANDO RD NORTH PORT FL 34287-1148 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LeBlanc, Barbara 184 Godfrey Ave. Port Charlotte, FL 33952 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, ARTHUR 1832 NURENBERG BLVD PT CHARLOTTE FL 33983 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Willison, Boyd 2608 Peach Circle North Port, FL 34284 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILDSTEIN, TRUDY 22291 QUEENS AVE PT CHARLOTTE FL 33941 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LE BLANC, BARBARA 184 GODFREY AVE PORT CHARLOTTE FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OBrien, Dan 12865 SW Hwy # 139 Arcadie, FL 34629 ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brokmeier 941 629 7378 02/09, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #