

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 # **762696** (3)
1. Corporation Name
OVER 50 DANCE CLUB, INC.



Principal Place of Business: P.O. BOX 1193 PALATKA FL 32178-1193
Mailing Address: P.O. BOX 1193 PALATKA FL 32178-1193

3. Date Incorporated or Qualified: **03/31/1982**
3a. Date of Last Report: **06/12/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-2222157	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
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**GRABHORN, CATHERINE
2908 MEADOWS LANE
PALATKA FL 32177**

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	11 TITLE: R. S. ANNETTE JONES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GRABHORN, CATHERINE		12 NAME: ANNETTE JONES	
STREET ADDRESS: 2908 MEADOWS LANE		13 STREET ADDRESS: RT 4 Box 1008	
CITY-ST-ZIP: PALATKA FL		14 CITY-ST-ZIP: Palatka FL	
TITLE: V	<input type="checkbox"/> DELETE	21 TITLE: Con. S. Shirley Horner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ELSWICK, BILL		22 NAME: Shirley Horner	
STREET ADDRESS: P.O. BOX 1211 N/A		23 STREET ADDRESS: 2019 KATE ST.	
CITY-ST-ZIP: SAN MATEO FL		24 CITY-ST-ZIP: Palatka, FL	
TITLE: T	<input type="checkbox"/> DELETE	31 TITLE: D Bill Dougherty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JONES, MARSHALL		32 NAME: Bill Dougherty	
STREET ADDRESS: RT. 4 BOX 1008		33 STREET ADDRESS: P.O. BOX 55	
CITY-ST-ZIP: PALATKA FL		34 CITY-ST-ZIP: SAN MATEO, FL	
TITLE: D	<input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRYE, YVONNE		42 NAME:	
STREET ADDRESS: 727 S. 18TH ST.		43 STREET ADDRESS:	
CITY-ST-ZIP: PALATKA FL		44 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROBINS, BOB		52 NAME:	
STREET ADDRESS: RT 4, BOX 443		53 STREET ADDRESS:	
CITY-ST-ZIP: PALATKA FL		54 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KONJATI, EUNICE		62 NAME:	
STREET ADDRESS: W. RIVER ROAD RT. 2 BOX 1340		63 STREET ADDRESS:	
CITY-ST-ZIP: WELAKA FL		64 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: *Catherine Grabhorn* Catherine Grabhorn 2/2/96 904-325-2575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Date: Phone #

CR2E037 (12/95)