

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005094 (8)**

1. Corporation Name

46TH NATIONAL SQUARE DANCE CONVENTION, INC.

FILED

05 JUN 23 10 00 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8525 SW KANNER HIGHWAY INDIANTOWN FL 34956	8525 SW KANNER HIGHWAY INDIANTOWN FL 34956

3. Date Incorporated or Qualified 11/08/1993	3a. Date of Last Report 03/10/1994
4. FEI Number 65-0431957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

CARRIER, WORLEY
8525 SW KANNER HIGHWAY
INDIANTOWN FL 34956

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARRIER, WORLEY
STREET ADDRESS	8525 SW KANNER HIGHWAY
CITY-ST-ZIP	INDIANTOWN FL 34956-3104
TITLE	D
NAME	CARRIER, NAN
STREET ADDRESS	8525 SW KANNER HIGHWAY
CITY-ST-ZIP	INDIANTOWN FL 34956-3104
TITLE	VD
NAME	MCCLESKEY, DUKE
STREET ADDRESS	250 QUEENS COURT
CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	D
NAME	MCCLESKEY, DORIS
STREET ADDRESS	250 QUEENS COURT
CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	SD
NAME	MCCONNAHA, JIM
STREET ADDRESS	1075 MOLAKI DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	SD
NAME	MCCONNAHA, JAN
STREET ADDRESS	1075 MOLAKI DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL 32953

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Willis Van Voorhis	
1.3 STREET ADDRESS	826 TIMBERVIEW DR- APT E	
1.4 CITY-ST-ZIP	EXT PIERCE, FL 34987	
2.1 TITLE	Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dorothy Van Voorhis	
2.3 STREET ADDRESS	826 TIMBERVIEW DR APT E	
2.4 CITY-ST-ZIP	826 Ft Pierce, FL 34987	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 19.07(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: Worley Carrier 1-15-95 (407) 597-3277

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____