

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 # N93000005094 (8)

1. Corporation Name

46TH NATIONAL SQUARE DANCE CONVENTION, INC.



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

3. Date Incorporated or Qualified: **11/08/1993**
3a. Date of Last Report: **01/23/1995**

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

4. FEI Number: **65-0431957**
Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARRIER, WORLEY	
STREET ADDRESS	8525 SW KANNER HIGHWAY	
CITY-ST-ZIP	INDIANTOWN FL 34956-3104	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARRIER, NAN	
STREET ADDRESS	8525 SW KANNER HIGHWAY	
CITY-ST-ZIP	INDIANTOWN FL 34956-3104	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCLESKEY, DUKE	
STREET ADDRESS	250 QUEENS COURT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLESKEY, DORIS	
STREET ADDRESS	250 QUEENS COURT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCONNAHA, JIM	
STREET ADDRESS	1075 MOLAKI DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	SD	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Dorothy Carrier* **1/29/96 1-(407)597-3277**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DayTime Phone #

CR2E037 (12/95)