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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

8525 SW KANNER HIGHWAY
INDIANTOWN FL 34956

8525 SW KANNER HIGHWAY
INDIANTOWN FL 34956-3133

3. Date Incorporated or Qualified
11/08/1993

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0431957

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRIER, WORLEY
8525 SW KANNER HIGHWAY
INDIANTOWN FL 34956

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CARRIER, WORLEY
STREET ADDRESS 8525 SW KANNER HIGHWAY
CITY-ST-ZIP INDIANTOWN FL 34956-3104

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME CARRIER, NAN
STREET ADDRESS 8525 SW KANNER HIGHWAY
CITY-ST-ZIP INDIANTOWN FL 34956-3104

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME MCCLESKEY, DUKE
STREET ADDRESS 250 QUEENS COURT
CITY-ST-ZIP SATELLITE BEACH FL 32937

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MCCLESKEY, DORIS
STREET ADDRESS 250 QUEENS COURT
CITY-ST-ZIP SATELLITE BEACH FL 32937

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME MCCONNAHA, JIM
STREET ADDRESS 1075 MOLAKI DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD
NAME MCCONNAHA, JAN
STREET ADDRESS 1075 MOLAKI DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: WORLEY CARRIER REQUIRED

(561) 597-3277

CR2E037 (9/96)