



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2007 8:00 am**  
**Secretary of State**

08-13-2007 90019 035 \*\*\*\*61.25

<b>DOCUMENT # 706943</b> 1. Entity Name WEST COAST SQUARE AND ROUND DANCERS ASSOCIATION, INC.			
Principal Place of Business SHIRLEY PFEFFER 1570 BAYSHORE BLVD DUNEDIN, FL 34698 US		Mailing Address SHIRLEY PFEFFER 1570 BAYSHORE BLVD DUNEDIN, FL 34698 US	
2. Principal Place of Business - No P.O. Box # Charles Stevens Suite, Apt. #, etc. 905 Helena Dr City & State Brandon FL Zip 33511 Country USA		3. Mailing Address Charles Stevens Suite, Apt. #, etc. 905 Helena Dr City & State Brandon FL Zip 33511 Country USA	
			
		07312007    Chg-NP    CR2E037 (12/06)	
4. FEI Number 59-2145982		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PFEFFER, SHIRLEY 1570 BAYSHORE BLVD DUNEDIN, FL 34698		7. Name and Address of New Registered Agent Name Charles Stevens Street Address (P.O. Box Number is Not Acceptable) 905 Helena Dr City Brandon FL Zip Code 33511	
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 <i>Charles Stevens</i> Signature, typed or printed name of registered agent and title if applicable.		Charles Stevens 8-8-2007 (NOTE: Registered Agent signature required when reinstating) DATE	
<b>Filing Fee is \$81.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD GREEN, PENNY T 225 MEADOW VUE LANE AUBURNDAL, FL 33823 <input checked="" type="checkbox"/> Delete	TITLE	Shirley Pfeffer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1570 Bayshore Blvd Dunedin FL 34698
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	Ken + Sandy Brasfield <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	Charles + Betty Stevens <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	Zahn + Shirley Walker <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Charles Stevens</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Charles Stevens 8-8-07 813-685-3826 Date Daytime Phone #	