

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706943

FILED
Mar 20, 2009
Secretary of State

Entity Name: WEST COAST SQUARE AND ROUND DANCERS ASSOCIATION, INC.

Current Principal Place of Business:

CHARLES STEVENS
905 HELENA DR
BRANDON, FL 33511 US

New Principal Place of Business:

LEON HAAR
5333 HOGAN LANE
WINTER HAVEN, FL 33884 US

Current Mailing Address:

CHARLES STEVENS
905 HELENA DR
BRANDON, FL 33511 US

New Mailing Address:

LEON HAAR
5333 HOGAN LANE
WINTER HAVEN, FL 33884 US

FEI Number: 59-2145982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, CHARLES
905 HELENA DR
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

HAAR, LEON
5333 HOGAN LANE
WINTER HAVEN, FL 33884 US

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.

SIGNATURE: LEON HAAR

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRASFIELD, KEN & SANDY
Address: 5700 BAYSHORE RD #1012
City-St-Zip: PALMETTO, FL 34221

Title: VD () Delete
Name: WALKER, ZURHN & SHIRLE
Address: 1180 W. GEORGIA ST
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: STEVENS, CHARLES- BETTY
Address: 905 HELENA DR
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: VANVALKENBURG, MARY LEE
Address: 4237 PROMENADE BLVD
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BAXTER, LANCE/RITA
Address: 4445 STRATHMORE DRIVE
City-St-Zip: LAKE WALES, FL 33879

Title: TD (X) Change () Addition
Name: HAAR, LEON
Address: 5333 HOGAN LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD (X) Change () Addition
Name: DEVORSETZ, BERT
Address: 511 AZALEA BLOSSOM CT
City-St-Zip: AUBURNDAL, FL 33823

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON HAAR

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date