

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra D. Witham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **727638** (9)  
1. Corporation Name  
**ROADRUNNERS SQUARE DANCE CLUB OF THE PALM BEACHES S, INC.**



Principal Place of Business: **13874 GERANIUM PL. W PALM BCH FL 33414**  
Mailing Address: **13874 GERANIUM PL. W PALM BCH FL 33414**

3. Date Incorporated or Qualified: **10/03/1973**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number: **23-7354113**  
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

**WILLING, ARTHUR L JR  
13874 GERANIUM PL.  
W PALM BCH FL 33414**

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 officer 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	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, JOSEPH</b>
STREET ADDRESS	<b>1732 7TH AVE N</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STOCKFEDER, HARRY</b>
STREET ADDRESS	<b>401 LAKE FRANCES DR</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>WILLING, ARTHUR L JR.</b>
STREET ADDRESS	<b>13874 GERANIUM PL.</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JARRELL, VINCE</b>
STREET ADDRESS	<b>3061 MERIDIAN N. APT #2</b>
CITY-ST-ZIP	<b>PALM BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Ralph OTIS</b>
1.3 STREET ADDRESS	<b>2009 Longwood Rd</b>
1.4 CITY-ST-ZIP	<b>W. Palm Beach FL 33409</b>
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	<b>S00001793719</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>-04/25/96--01012--034</b>
3.3 STREET ADDRESS	<b>***61.25</b>
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	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SAWYER THOMPSON JR</b>
5.3 STREET ADDRESS	<b>511 N. LYRA CIRCLE</b>
5.4 CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>
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: Sawyer Thompson, Jr. **SAWYER THOMPSON, JR.** 4/5/96 407 694-8360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #