


FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727638 (9)

1. Corporation Name
ROADRUNNERS SQUARE DANCE CLUB OF THE PALM BEACHE S, INC.



Principal Place of Business 13874 GERANIUM PL. W PALM BCH FL 33414	Mailing Address 13874 GERANIUM PL. W PALM BCH FL 33414-8613
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3. Date Incorporated or Qualified 10/03/1973	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

4. FEI Number 23-7354113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
			FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D OTIS, RALPH	1.2 NAME	LUCILLE OTIS
STREET ADDRESS	2009 LONGWOOD RD.	1.3 STREET ADDRESS	2009 LONGWOOD RD
CITY-ST-ZIP	W. PALM BCH. FL 33409	1.4 CITY-ST-ZIP	W. Palm Beach FL 33409
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STOCKFEDER, HARRY	2.2 NAME	
STREET ADDRESS	401 LAKE FRANCES DR	2.3 STREET ADDRESS	W. Palm Beach FL 33411
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T WILLING, ARTHUR L JR.	3.2 NAME	
STREET ADDRESS	13874 GERANIUM PL.	3.3 STREET ADDRESS	WELLINGTON FL 33414
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JARRELL, VINCE	4.2 NAME	
STREET ADDRESS	3061 MERIDIAN N. APT #2	4.3 STREET ADDRESS	Palm Beach Gardens FL 33410
CITY-ST-ZIP	PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P THOMPSON, SAWYER	5.2 NAME	
STREET ADDRESS	511 N. LYRA CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH. FL 33408	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D GORDON ES KRIDGE
STREET ADDRESS		6.3 STREET ADDRESS	629 WEST OCEAN AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOYNTON BEACH FL 33426

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 in an attachment with an address.

SIGNATURE: Sawyer Thompson **3/27/97** **561 694-8360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041232

CR2E037 (9/96)