


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>13874 GERANIUM PL. W PALM BCH FL 33414</b>	Mailing Address <b>13874 GERANIUM PL. W PALM BCH FL 33414</b>
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3. Date Incorporated or Qualified <b>10/03/1973</b>	
4. FEI Number <b>23-7354113</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 1811 Montague Street</b> Suite, Apt. #, etc.	2a. Mailing Address <b>28 1811 Montague Street</b> Suite, Apt. #, etc.
22 City & State <b>23 Lake Worth, FL</b>	27 City & State <b>28 Lake Worth, FL</b>
24 Zip <b>33461-6020</b>	25 Country <b>26 Palm Beach</b>
29 Zip <b>33461-6020</b>	30 Country <b>30 Palm Beach</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WILLING, ARTHUR L JR 13874 GERANIUM PL. W PALM BCH FL 33414</b>		10. Name and Address of New Registered Agent	
		81 Name <b>KIPP L. HUBBARD</b>	
		82 Street Address (P.O. Box Number Is Not Acceptable) <b>1811 Montague Street</b>	
		83	
		84 City <b>Lake Worth</b>	85 Zip Code <b>FL 33461-6020</b>

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 *Kipp Hubbard* **KIPP HUBBARD** DATE **2/9/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LUCILLE OTIS</b>		1.2 NAME <b>KIPP HUBBARD</b>	
STREET ADDRESS <b>2009 LONGWOOD RD</b>		1.3 STREET ADDRESS <b>1811 MONTAGUE ST</b>	
CITY-ST-ZIP <b>W PALM BEACH FL</b>		1.4 CITY-ST-ZIP <b>LAKE WORTH, FL 33461-6020</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STOCKFEDER, HARRY</b>		2.2 NAME <b>GEORGE WAKEMAN</b>	
STREET ADDRESS <b>401 LAKE FRANCES DR</b>		2.3 STREET ADDRESS <b>724 SOUTH LAKE DR</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		2.4 CITY-ST-ZIP <b>LANTANA, FL 33462</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WILLING, ARTHUR L JR.</b>		3.2 NAME <b>KEN GOUGEON</b>	
STREET ADDRESS <b>13874 GERANIUM PL.</b>		3.3 STREET ADDRESS <b>2330 LANTANA RD LOT 4B</b>	
CITY-ST-ZIP <b>WELLINGTON FL</b>		3.4 CITY-ST-ZIP <b>LANTANA, FL 33462</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JARRELL, VINCE</b>		4.2 NAME <b>MORT SILVERSTEIN</b>	
STREET ADDRESS <b>3061 MERIDIAN N. APT #2</b>		4.3 STREET ADDRESS <b>5073-C LAKEFRONT BLVD.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		4.4 CITY-ST-ZIP <b>DELRAY BEACH, FL 33484</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THOMPSON, SAWYER</b>		5.2 NAME	
STREET ADDRESS <b>511 N. LYRA CIR.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>JUNO BCH. FL 33408</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GORDON ESKRIDGE</b>		6.2 NAME <b>GORDON ESKRIDGE</b>	
STREET ADDRESS <b>629 WEST OCEAN AVE</b>		6.3 STREET ADDRESS <b>629 WEST OCEAN AVE</b>	
CITY-ST-ZIP <b>BOYHTON BEACH FL</b>		6.4 CITY-ST-ZIP <b>BOYNTON BEACH, FL 33426-4332</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Kipp Hubbard* **KIPP HUBBARD**

CR2E037 (10/97)