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FILED
Jan 27, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-27-1999 90051 018 *****61.25

DOCUMENT # 727638

1. Corporation Name

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

Principal Place of Business

1811 MONTAGUE STREET
LAKE WORTH FL 33461-6020
US

Mailing Address

1811 MONTAGUE STREET
LAKE WORTH FL 33461-6020
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

10/03/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
23-7354113

Applied For
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUBBARD, KIPP
1811 MONTAGUE STREET
LAKE WORTH FL 33461

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME HUBBARD, KIPP
STREET ADDRESS 1811 MONTAGUE STREET
CITY-ST-ZIP LAKE WORTH FL 33461

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T DELETE
NAME WAKEMAN, GEORGE
STREET ADDRESS 724 SOUTH LAKE DRIVE
CITY-ST-ZIP LANTANA FL 33462

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME GOUGEON, KEN
STREET ADDRESS 2330 LANTANA RD LOT 4B
CITY-ST-ZIP LANTANA FL 33462

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME SILVERSTEIN, MORT
STREET ADDRESS 5073-C LAKEFRONT BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33484

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD DELETE
NAME GORDON ESKRIDGE
STREET ADDRESS 629 WEST OCEAN AVE
CITY-ST-ZIP BOYHTON BEACH FL 33426

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

561-586-3095

Date

Daytime Phone #

CR2E037 (1/198)