


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90039 001 ****61.25

DOCUMENT # 727638 1. Entity Name ROADRUNNERS SQUARE DANCE CLUB OF THE PALM BEACHES, INC.	
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Principal Place of Business 3040 LAKE OSBRNE DR., #211 LAKE WORTH, FL 33461-5928 US	Mailing Address 3040 LAKE OSBRNE DR., #211 LAKE WORTH, FL 33461-5928 US
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24032850



2. Principal Place of Business 1 Harbourside Dr., Apt 3503 Suite, Apt. #, etc. Apt 3503 City & State Delray Beach FL 3	3. Mailing Address 1 Harbourside Dr Suite, Apt. #, etc. Apt 3503 City & State Delray Beach FL
Zip 33483-5151	Country US
Zip 33483-5151	Country US

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7354113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent HUBBARD, KIPP 3040 LAKE OSBORNE DR, #211 LAKE WORTH, FL 33461	7. Name and Address of New Registered Agent Name Wilcox, Mark Street Address (P.O. Box Number is Not Acceptable) 1 Harbourside Dr Apt 3503 City Delray Beach FL 33483-5151
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mark J. Wilcox **Mark J. Wilcox** Mar 30, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HUBBARD, KIPP 3040 LAKE OSBORNE DR, #211 LAKE WORTH, FL 334615928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Wilcox, Mark 1 Harbourside Dr, Apt 3503 Delray Beach FL 33483-5151 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAKEMAN, GEORGE 724 SOUTH LAKE DRIVE LANTANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GORDON ESKRIDGE 629 WEST OCEAN AVE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD update/rev. <input type="checkbox"/> Change <input type="checkbox"/> Addition Eskridge, Gordon 629 W. Ocean Ave Boynton Beach FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT ESKRIDGE, GORDON 629 W. OCEAN AVE. BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Willing, Art 13874 Geranium Place Wellington FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark J. Wilcox **Mark J. Wilcox DP 561-330-2969** Mar 30, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #