

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 730770 (5)**  
1. Corporation Name  
**DIXIE SQUARE DANCE CLUB, INC.**



Principal Place of Business Mailing Address  
**DAYTONA BCH. FL DAYTONA BEACH FL 32115-7145 US**  
**BOX 145 DAYTONA BEACH FL 32115-7145 US**

3. Date Incorporated or Qualified **09/24/1974** 3a. Date of Last Report **03/02/1995**  
4. FEI Number **59-2944910** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**HASTINES, CHARLES  
112 MARSH WREN CT  
DAYTONA BEACH FL 32119**

10. Name and Address of New Registered Agent  
81 Name **O'Brien, Edward**  
82 Street Address (P.O. Box Number is Not Acceptable) **5609 Newman Drive**  
83  
84 City **Port Orange** FL 85 Zip Code **32119**

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 617.1503, Florida Statutes.

SIGNATURE *Edward O'Brien*  
Signature typed or printed name of registered agent (if title is applicable) (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CAIN, BARBARA A	
STREET ADDRESS	192 GRAY DOVE CT	
CITY - ST - ZIP	DAYTONA BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIVELL, CHARLOTTE	
STREET ADDRESS	98 RIVELL TRAIL	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PATERNITI, ROSS	
STREET ADDRESS	2489 SPRUCE VIEW ROAD	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, EDWARD	
STREET ADDRESS	5609 NEWMAN DRIVE	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE	DM	<input checked="" type="checkbox"/> DELETE
NAME	SPILMAN, KENLEY	
STREET ADDRESS	1068 WEXFORD WAY	
CITY - ST - ZIP	PT ORANGE FL	
TITLE	DM	<input checked="" type="checkbox"/> DELETE
NAME	HASTINGS, CHARLES	
STREET ADDRESS	112 MARSH WREN CT	
CITY - ST - ZIP	DAYTONA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zarek Fernand J.	
1.3 STREET ADDRESS	35 Ocean Crest Dr. Ormond beach, FL	
1.4 CITY - ST - ZIP		
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rivell, Charlotte	
2.3 STREET ADDRESS	98 Rivell Trail	
2.4 CITY - ST - ZIP	Ormond beach, FL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Spilman, Kenly	
3.3 STREET ADDRESS	1058 Wexford Way	
3.4 CITY - ST - ZIP	Port Orange, FL	
4.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	O'Brien Edward	
4.3 STREET ADDRESS	5609 newman Dr.	
4.4 CITY - ST - ZIP	Port Orange, FL.	
5.1 TITLE	DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Shaw, William	
5.3 STREET ADDRESS	3560 Oceanshore Blvd. Ormond beach, FL	
5.4 CITY - ST - ZIP		
6.1 TITLE	DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rafalko, Edmund	
6.3 STREET ADDRESS	11 Esperando Dr. Palm Coast, FL.	
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: *Edward O'Brien*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Edward O'Brien

February 6, 1996 761-3704

Date Daytime Phone #

CR2E037 (12/95)