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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: DAYTONA BCH. FL, DAYTONA BEACH FL 32115-7145, US
Mailing Address: BOX 145, DAYTONA BEACH FL 32115-0145, US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1974		3a. Date of Last Report 02/14/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2944910		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
O'BRIEN, EDWARD 5609 NEWMAN DR PORT ORANGE FL 32119				81	Name SPILMAN, KENLY		
				82	Street Address (P.O. Box Number is Not Acceptable) 1068 WEXFORD WAY		
				83	PORT ORANGE FL, 32119		
				84	City	FL	85

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: *Kenly Spilman* (NOTE: Registered Agent signature required when reinstating) DATE: 01/16/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZAREK, FERNAND J			1.2 NAME	TURNER, CHARLES E. Jr.		
STREET ADDRESS	35 OCEAN CREST DR			1.3 STREET ADDRESS	3757 S. ATLANTIC AVE. #801		
CITY-ST-ZIP	ORMOND BEACH FL			1.4 CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD		
NAME	RIVELL, CHARLOTTE			2.2 NAME	WILLIAMSON, ARTHUR		
STREET ADDRESS	98 RIVELL TRAIL			2.3 STREET ADDRESS	2021 KNITTLE CIRCLE		
CITY-ST-ZIP	ORMOND BEACH FL			2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL, 32168		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	DM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPILMAN, KENLY			3.2 NAME	PECK, JAY		
STREET ADDRESS	1068 WEXFORD WAY			3.3 STREET ADDRESS	875 Lindenwood Cir. E		
CITY-ST-ZIP	PORT ORANGE FL			3.4 CITY-ST-ZIP	ORMOND BEACH, FL, 32174		
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	DM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'BRIEN, EDWARD			4.2 NAME	AVERY, TOM		
STREET ADDRESS	5609 NEWMAN DRIVE			4.3 STREET ADDRESS	582 BALLOUGH ROAD		
CITY-ST-ZIP	PORT ORANGE FL			4.4 CITY-ST-ZIP	DAYTONA BEACH, FL, 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DM	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, WILLIAM			5.2 NAME			
STREET ADDRESS	3560 OCEANSHORE BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND EBACH FL			5.4 CITY-ST-ZIP			
TITLE	DM	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAFALCO, EDMUND			6.2 NAME			
STREET ADDRESS	11 ESPERANDO DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL			6.4 CITY-ST-ZIP			

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 on an attachment with an address.

CR2E037 (9/96)