

213198 0-1070
FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32115-7145 US
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3. Date Incorporated or Qualified
09/24/1974

4. FEI Number 59-2944910	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SPILMAN, KENLY
1068 WEXFORD WAY
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				FL

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 _____ DATE _____
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 NAME STREET ADDRESS CITY-ST-ZIP	TD ZAREK, FERNAND J 35 OCEAN CREST DR ORMOND BEACH FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, CHARLES E JR 3757 S ATLANTIC AVE #801 DAYTONA BEACH SHORES FL	<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPILMAN, KENLY 1068 WEXFORD WAY PORT ORANGE FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRIEN, EDWARD 5609 NEWMAN DRIVE PORT ORANGE FL	<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM SHAW, WILLIAM 3560 OCEANSHORE BLVD ORMOND EBACH FL	<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMSON, ARTHUR 2021 KNITTLE CIRCLE NEW SMYRNA BEACH FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD
2.2 NAME	TERI PECK
2.3 STREET ADDRESS	875 LINDENWOOD CIR,
2.4 CITY-ST-ZIP	ORMOND BEACH 32174
3.1 TITLE	PD
3.2 NAME	SPILMAN KENLY
3.3 STREET ADDRESS	1068 WEXFORD WAY
3.4 CITY-ST-ZIP	PORT ORANGE FL 32119
4.1 TITLE	D
4.2 NAME	JOHN BARRETT SR.
4.3 STREET ADDRESS	615 BIG TREE RD
4.4 CITY-ST-ZIP	SOUTH DAYTONA FL 32119
5.1 TITLE	D
5.2 NAME	WEIHRUCH GEORGE
5.3 STREET ADDRESS	4 OCEANS WEST BLVD R504D
5.4 CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118
6.1 TITLE	
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)(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.

SIGNATURE: **FERNAND J ZAREK** *Fernand J Zarek* Date: **1-9-98** Daytona Phone #: **904-441-2431**

CR2E037 (10/97)