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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90070 021 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 730770

1. Corporation Name

DIXIE SQUARE DANCE CLUB, INC.

108338 - 90070 - 21

Principal Place of Business

DAYTONA BCH. FL
 DAYTONA BEACH FL 32115-7145
 US

Mailing Address

BOX 145
 DAYTONA BEACH FL 32115-7145
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/24/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2944910	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPILMAN, KENLY 1068 WEXFORD WAY PORT ORANGE FL 32119				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				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* 1-16-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transacting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAREK, FERNAND J	1.2 NAME	
STREET ADDRESS	35 OCEAN CREST DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, TERI	2.2 NAME	
STREET ADDRESS	875 LINDENWOOD CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRETT, JOHN S	3.2 NAME	VP
STREET ADDRESS	615 BIG TREE RD	3.3 STREET ADDRESS	142 REEF ROAD
CITY-ST-ZIP	SOUTH DAYTONA FL 32219	3.4 CITY-ST-ZIP	So. DAYTONA, FL. 32119
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRETT, JOHN S	4.2 NAME	Bill SHAW
STREET ADDRESS	615 BIG TREE RD	4.3 STREET ADDRESS	3560 OCEANSHORE BLVD.
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	4.4 CITY-ST-ZIP	ORMOND BCH FL 32176
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIHRACH, GEORGE	5.2 NAME	
STREET ADDRESS	4 OCEANS WEST BLVD, #504D	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	5.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMSON, ARTHUR	6.2 NAME	EDWIN LOCHREN
STREET ADDRESS	2021 KNITTLE CIRCLE	6.3 STREET ADDRESS	141 YOUNG ST.
CITY-ST-ZIP	NEW SMYRNA BEACH FL	6.4 CITY-ST-ZIP	PORT ORANGE, FL 32127

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, with all other like empowered.

SIGNATURE: *FERNAND ZAREK* 1-16-99, 904 441 2431
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)