


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90387 007 ****61.25

DOCUMENT # 730770

1. Entity 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



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04272004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

SPILMAN, ALICE
 829 PALM GROVE CT
 SOUTH DAYTONA, FL 32119

4. FEI Number
 50-0002958

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	SPILMAN, KENLY	
STREET ADDRESS	829 PALM GROVE CT	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HODGES, JOE	
STREET ADDRESS	450 BASIN ST	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOELLER, RALPH	
STREET ADDRESS	215 BELLEVUE AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	P	<input type="checkbox"/> Delete
NAME	WEIHRAUCH, GEORGE	
STREET ADDRESS	3112 WATERWAYS PL	
CITY-ST-ZIP	DAYTONA BEACH, FL 32128	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPILMAN, ALICE	
STREET ADDRESS	829 PALM GROVE CT	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASTINGS, MARY LYNN	
STREET ADDRESS	112 MARSH WREN CT	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP. ANN ANKORSMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN ANKORSMITH	
STREET ADDRESS	1274 MONTICELLO DR	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kenly B Spilman* *Sherry B Archer* *TR003* *4-28-04* *(386)* *761-6876*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #