

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730770

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: DIXIE SQUARE DANCE CLUB, INC.

**Current Principal Place of Business:**

DAYTONA BCH, FL  
DAYTONA BEACH, FL 321157145 US

**New Principal Place of Business:**

108 E.ORANGE AVE.  
DAYTONA BEACH, FL 32114 US

**Current Mailing Address:**

829 PALM GROVE CT  
DAYTONA BEACH, FL 321157145

**New Mailing Address:**

FEI Number: 50-0002958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPILMAN, ALICE  
829 PALM GROVE CT  
DAYTONA BEACH, FL 32119 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: BARNES, PAUL  
Address: 2900 N. ATLANTIC AVE #806  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TRES ( ) Delete  
Name: SPILMAN, ALICE  
Address: 829 PALM GROVE CT  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP ( ) Delete  
Name: PIECORA, VINCENT  
Address: 605 CASA GRANDE  
City-St-Zip: EDGEWATER, FL 32141

Title: SEC ( ) Delete  
Name: KUCHER, MARYANN  
Address: 1601 BIG TREE RD #102  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: PRES ( ) Delete  
Name: BARNES, JOY  
Address: 2900 N. ATLANTIC AVE 806  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TRES ( ) Delete  
Name: SPILMAN, KENLY  
Address: 829 PALM GROVE CT  
City-St-Zip: DAYTONA BEACH, FL 32119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HILL, TOM  
Address: 357 BENT OAK DR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL C. BARNES

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date