

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: PIECORO, 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