

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90043 015 \*\*\*\*61.25

**DOCUMENT # 734749**

1. Entity Name

**NORTHWEST FLORIDA SQUARE AND ROUND DANCE  
ASSOCIATION, INC.**



Principal Place of Business

**227 HUGHES ST.  
FT. WALTON BEACH FL 32548**

Mailing Address

**227 HUGHES ST.  
FT. WALTON BEACH FL 32548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-1646571**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VACCARI, JOSEPH J  
227 HUGHES ST  
FT. WALTON BCH FL 32548**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reregistering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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	SD	<input checked="" type="checkbox"/> Delete
NAME	HELTON, ALICE	
STREET ADDRESS	793 GREEN HILLS RD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MILLER, PAUL	
STREET ADDRESS	2166 MIDDLETON DR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CAVERLY, DON	
STREET ADDRESS	113 CHOCTAW COVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HENN, DAVID W	
STREET ADDRESS	31 REDWOOD CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	IC	<input type="checkbox"/> Delete
NAME	HANCOCK, THOMAS	
STREET ADDRESS	130 LANMAN RD	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTS, Geraldine	
STREET ADDRESS	892 Graham Rd	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENN, DAVID W	
STREET ADDRESS	31 Redwood Circle	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Flowers, Louis	
STREET ADDRESS	265 Jay-in Road	
CITY-ST-ZIP	DEERUNIAK SPRINGS, FL 32433	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McLendon, Joseph m	
STREET ADDRESS	6323 OAK KNOLL RD	
CITY-ST-ZIP	PANAMA CITY FL 32404	
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:

*Joseph D. McCarty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

10 March 05 850 769 4218  
Date Daytime Phone #