


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90011 020 ****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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VACCARI, JOSEPH J 227 HUGHES ST FT. WALTON BCH, FL 32548				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	P HENN, DAVID W		STREET ADDRESS		
CITY-ST-ZIP	31 REDWOOD CIRCLE PENSACOLA, FL 32506		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOWERS, LOUIE		NAME		
STREET ADDRESS	265 JAY-IN RD		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLENDON, JOSEPH M		NAME		
STREET ADDRESS	6323 OAK KNOLL RD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP		
TITLE	IC <input type="checkbox"/> Delete		TITLE	IC <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANCOCK, THOMAS		NAME		
STREET ADDRESS	130 LANMAN RD		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PITTS, GERALDINE		NAME	Heiton, Alice	
STREET ADDRESS	892 GRAHAM RD		STREET ADDRESS	793 Green Hills Road	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Joseph M. McLENDON, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 2-23-06 850-769-4218 </div> <small>Date Daytime Phone #</small>		