


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90186 029 ****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 - No P.O. Box # 31 REDWOOD CIRCLE Suite, Apt. #, etc.		3. Mailing Address 31 REDWOOD CIRCLE Suite, Apt. #, etc.			
City & State PENSACOLA, FL Zip 32506-6603		City & State PENSACOLA, FL Zip 32506-6603		4. FEI Number 59-1646571	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 DAVID W. HENN Street Address (P.O. Box Number is Not Acceptable) 31 REDWOOD CIRCLE City PENSACOLA FL Zip Code 32506-6603		
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 David W. Henn <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DAVID W. HENN <small>(NOTE: Registered Agent signature required when reinstating)</small>		1-11-07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 STREET ADDRESS CITY-ST-ZIP	P HENN, DAVID W 31 REDWOOD CIRCLE PENSACOLA, FL 32506 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL MILLER 2166 MIDDLETON DR NAVALLE, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLOWERS, LOUIE 265 JAY-IN RD DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH MCLENDON 6323 OAK KNOLL RD. PANAMA CITY, FL 32433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCLENDON, JOSEPH M 6323 OAK KNOLL RD PANAMA CITY, FL 32404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID W. HENN 31 REDWOOD CIRCLE PENSACOLA, FL 32506-6603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IC HANCOCK, THOMAS 130 LANMAN RD NICEVILLE, FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELTON, ALICE 793 GREEN HILLS RD CANTONMENT, FL 32533 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOAM WILBY 1416 LITTLE CREEK DR. PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: David W. Henn <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DAVID W. HENN		1-11-07 <small>Date</small>	
				850-455-5160 <small>Daytime Phone #</small>	