

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90068 013 ****61.25

DOCUMENT # 734749

1. Entity Name
**NORTHWEST FLORIDA SQUARE AND ROUND DANCE
ASSOCIATION, INC.**



Principal Place of Business
**31 REDWOOD CIRCLE
PENSACOLA, FL 32506**

Mailing Address
**31 REDWOOD CIRCLE
PENSACOLA, FL 32506**

40001000



01092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**HENN, DAVID W
31 REDWOOD CIRCLE
PENSACOLA, FL 32506**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
HENN, DAVID W
31 REDWOOD CIRCLE
PENSACOLA, FL 32506** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MILLER, PAUL
2166 MIDDLETON DR
NAVARRE, FL 32566** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PO ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
MCLENDON, JOSEPH M
6323 OAK KNOLL RD
PANAMA CITY, FL 32404** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
JONES, MURIEL
5737 YUCCA DR
MILTON, FL 32583** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**IC
HANCOCK, THOMAS
130 LANMAN RD
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
WILABY, TOM
1416 LITTLE CREEK DR
PENSACOLA, FL 32506** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
WILABY, TIM ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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* DAVID W. HENN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08

850-455-5160

Date

Daytime Phone #