FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 5-1-95 6-6-95 XC

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735824 (5)

1. Corporation Name

KRISS KROSS SQUARE AND ROUND DANCE CLUB, INC.

Principal Place of Business	Mailing Address
2010 HANSON ST 18092 SAN CARLOS BLVD., APT 917 FT MYERS FL 33901 US	18092 SAN CARLOS BL APT 917 FT MYERS BEACH FL 33931 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1976
3a. Date of Last Report: 06/01/1994
4. FEI Number: 51-0201968 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address: 310 McARTHUR AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: LEHIGH ACRES, FLA
24 Zip / 25 Country	29 Zip: 33936 / 30 Country: U.S.A.

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDERSON, CHARLES S
18092 SAN CARLOS BL
APT 917
FT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name: WALTER G. THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 310 McARTHUR AVE
83
84 City: LEHIGH ACRES, 85 FL Zip Code: 33936

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Walter G Thomas — 5-11-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BUNCE, ANDREW	12 NAME	GORDON, DAVID	
STREET ADDRESS	1991 PALO BURO BLVD	13 STREET ADDRESS	64 COLONY POINT DRIVE	
CITY-ST-ZIP	N FORT MYERS FL	14 CITY-ST-ZIP	PUNTA GORDA, FLA, 33950-5028	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	PARTINGTON, DICK	22 NAME		
STREET ADDRESS	4912 SW 9TH PL	23 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	BUNCE, ANITA	32 NAME		
STREET ADDRESS	1991 PALO DURO BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	N FORT MYERS FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	T	☒ Change ☒ Addition
NAME	ANDERSON, CHARLES S	42 NAME	THOMAS, WALTER	
STREET ADDRESS	18092 SAN CARLOS BL / STE 917	43 STREET ADDRESS	310 McARTHUR AVE	
CITY-ST-ZIP	FT MYERS BEACH FL	44 CITY-ST-ZIP	LEHIGH ACRES, FLA, 33936	
TITLE	EO	51 TITLE		☐ Change ☐ Addition
NAME	NYQUIST, GEORGE	52 NAME		
STREET ADDRESS	18372 CUTLASS DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CORMIER, PAULINE	62 NAME		
STREET ADDRESS	17340 SAN CARLOS BL / STE 1132	63 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David A Gordon DAVID A GORDON 04-13-95 813-637-8794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050280