

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **735824** (5)
1. Corporation Name
KRISS KROSS SQUARE AND ROUND DANCE CLUB, INC.



Principal Place of Business
SHADY OAKS COMMUNITY CENTER
2010 HANSON ST
18092 SAN CARLOS BLVD. APT 917
FT MYERS FL 33901
US
3280 MARION ST FT MYERS

Mailing Address
1308 SUNRISE DR
610 MCARTHUR AVE. N. FORT MYERS
APT 917
LEHIGH ACRES FL 33906
US
FLA 33917

3. Date Incorporated or Qualified
05/14/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **SHADY OAK COMM. CENTER**

2a. Mailing Address
26 **1308 SUNRISE DR**

Suite, Apt. #, etc.
22 **3280 MARION**

Suite, Apt. #, etc.
27 **N. FORT MYERS**

City & State
23 **FT MYERS**

City & State
28 **LEE COUNTY FLA**

Zip
24 **33901**

Country
25 **LEE**

Zip
29 **33917**

Country
30 **LEE**

4. FEI Number
51-0201968

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMAS, WALTER G.
310 MCARTHUR AVE.
APT 917
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name
STRONG, ROBERT

82 Street Address (P.O. Box Number is Not Acceptable)
1308 SUNRISE DR

83

84 City
N. FORT MYERS

FL

85 Zip Code
33917

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Robert T. Strong**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GORDON, DAVID			1.2 NAME	STRONG, ROBERT		
STREET ADDRESS	64 COLONY POINT DRIVE			1.3 STREET ADDRESS	1308 SUNRISE DR.		
CITY-ST-ZIP	PUNTA GORDA FL			1.4 CITY-ST-ZIP	N. FORT MYERS, FLA, 33917		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	V.P.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARTINGTON, DICK			2.2 NAME	PARTINGTON, DICK		
STREET ADDRESS	4912 SW 9TH PL			2.3 STREET ADDRESS	4912 SW 9th PL.		
CITY-ST-ZIP	CAPE CORAL FL			2.4 CITY-ST-ZIP	CAPE CORAL, FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	THOMAS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUNCE, ANITA			3.2 NAME	SEY, ERNEST		
STREET ADDRESS	1991 PALO DURO BLVD			3.3 STREET ADDRESS	3458 HANCOCK BRIDGE PKWAY		
CITY-ST-ZIP	N FORT MYERS FL			3.4 CITY-ST-ZIP	N. FORT MYERS FLA 33903		
TITLE	X	<input type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, WALTER			4.2 NAME	THOMAS, WALTER		
STREET ADDRESS	310 MCARTHUR AVE.			4.3 STREET ADDRESS	310 MCARTHUR AV		
CITY-ST-ZIP	LEHIGH ACRES FL			4.4 CITY-ST-ZIP	LEHIGH ACRES, FLA 33936		
TITLE	EO	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NYQUIST, GEORGE			5.2 NAME	SAME		
STREET ADDRESS	18372 CUTLASS DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS BEACH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	NYQUIST, GEORGE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORMIER, PAULINE			6.2 NAME	NYQUIST, GEORGE		
STREET ADDRESS	17340 SAN CARLOS BL / STE 1132			6.3 STREET ADDRESS	18372 CUTLASS DR.		
CITY-ST-ZIP	FT MYERS BEACH FL			6.4 CITY-ST-ZIP	FT. MYERS BEACH, FLA		

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)(k), 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:

George Nyquist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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CR2E037 (12/95)