FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:11

DOCUMENT # 741922 (9)

1. Corporation Name

BUTTONS AND BOWS SQUARE DANCE CLUB, INC.

Principal Place of Business	Mailing Address
460 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223-3702	460 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223-3702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1978
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1840394 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT A.
460 SOUTH INDIANA AVENUE
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 34223

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PARRUP, WAYNE	1.2 NAME	
STREET ADDRESS	1308 REDWING AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	INGLES, ANN	2.2 NAME	
STREET ADDRESS	1415 CORTEZ RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGELWOOD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	AMRHEIN, LUCILLE	3.2 NAME	
STREET ADDRESS	941 E. SECOND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	BARBRE, CHARLOTTE	4.2 NAME	T Carlene M Clay
STREET ADDRESS	1225 HOLIDAY	4.3 STREET ADDRESS	1965 Wyoming Ave
CITY-ST-ZIP	ENGLEWOOD, FL 00000	4.4 CITY-ST-ZIP	Grove City FL 34224
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, EUGENE	5.2 NAME	
STREET ADDRESS	1278 KINGFISH DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BARBRE, PAUL	6.2 NAME	
STREET ADDRESS	1255 HOLIDAY DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	6.4 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: Carlene M Clay Carlene M. Clay 2-1-3/1995 697-8746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018034