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Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741922** (9)

1. Corporation Name

**BUTTONS AND BOWS SQUARE DANCE CLUB, INC.**

Principal Place of Business

**460 SOUTH INDIANA AVENUE  
ENGLEWOOD FL 34223-3702**

Mailing Address

**460 SOUTH INDIANA AVENUE  
ENGLEWOOD FL 34223-3702**



3. Date Incorporated or Qualified  
**03/08/1978**

3a. Date of Last Report  
**02/07/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **INGELS, ANN**  
STREET ADDRESS **1415 CORTES DRIVE**  
CITY-ST-ZIP **ENGLEWOOD FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **MILLER, BLAKE**  
STREET ADDRESS **2510 ELEVENTH STREET**  
CITY-ST-ZIP **ENGLEWOOD FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **SMITH, JEAN**  
STREET ADDRESS **1233 KINGFISHER DRIVE**  
CITY-ST-ZIP **ENGLEWOOD FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE  
NAME **CLAY, CARLENE M**  
STREET ADDRESS **1985 WYOMING AVENUE**  
CITY-ST-ZIP **ENGLEWOOD FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Clay, Carlene M.**  
4.3 STREET ADDRESS **6 Quails Run Blvd. Unit 12**  
4.4 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **D** ☐ DELETE  
NAME **CAMPBELL, EUGENE**  
STREET ADDRESS **1278 KINGFISHER DRIVE**  
CITY-ST-ZIP **ENGLEWOOD FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **TALLIAN, JOHN**  
STREET ADDRESS **618 LEISURE WATERWAY**  
CITY-ST-ZIP **ST. VENICE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)