

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

| | | |
|--|--|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 | | FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS |
|--|--|---|

DOCUMENT # **741922 (9)**

1. Corporation Name

BUTTONS AND BOWS SQUARE DANCE CLUB, INC.

| | | | |
|--|----------------------|--|----------------------|
| Principal Place of Business 480 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223-3702 | | Mailing Address 480 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223-3702 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | | 2a. Mailing Address 28 Suite, Apt. #, etc. | |
| 22 City & State 23 Zip | | 27 City & State 28 Zip | |
| 24 | Country 26 | Zip 29 | Country 30 |

3. Date Incorporated or Qualified

03/08/1978

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|----|--|
| 61 | Name |
| 62 | Street Address (P.O. Box Number is Not Acceptable) |
| 63 | |
| 64 | City FL Zip Code 85 |

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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> DELETE P INGELS, ANN 1415 CORTES DRIVE ENGLEWOOD FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kenneth W. Robinson 6796 Gasparilla Pines #93 Englewood, FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> DELETE VP MILLER, BLAKE 2510 ELEVENTH STREET ENGLEWOOD FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP J.R. & Becky O'Diamond 845 7th St Englewood FL 34224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE S SMITH, JEAN 1233 KINGFISHER DRIVE ENGLEWOOD FL | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE T CLAY, CARLENE M 8 QUAILS RUN BLVD, UNIT 12 ENGLEWOOD FL | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE D CAMPBELL, EUGENE 1278 KINGFISHER DRIVE ENGLEWOOD FL | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE D TALLIAN, JOHN 818 LEISURE WATERWAY ST. VENICE FL | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I 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.

SIGNATURE:

Carlene M. Clay *Feb 14/1998* *413-9288*

CR2E037 (1097)