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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741922

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/08/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1840394	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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
85	Zip Code

FL

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, KENNETH W	1.2 NAME	O'DIAM, BECKY
STREET ADDRESS	6796 GASPORILLA PNS #93	1.3 STREET ADDRESS	844 E. 7th Street
CITY-ST-ZIP	ENGLEWOOD FL 34224	1.4 CITY-ST-ZIP	Englewood, FL 34223
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DIAM, BECKY J	2.2 NAME	WOOLEY, GEORGE
STREET ADDRESS	847 7TH ST	2.3 STREET ADDRESS	12300 Hernandó Rd.
CITY-ST-ZIP	ENGLEWOOD FL 34224	2.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEAN	3.2 NAME	
STREET ADDRESS	1233 KINGFISHER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, CARLENE M	4.2 NAME	D
STREET ADDRESS	6 QUAILS RUN BLVD, UNIT 12	4.3 STREET ADDRESS	ANN & HOWARD INGELS
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	1415 Cortes Dr., Englewood, FL 34223
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, EUGENE	5.2 NAME	D
STREET ADDRESS	1278 KINGFISHER DRIVE	5.3 STREET ADDRESS	SHAW, MORRILL & E. Shaw
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	8141 LANDINGS LANE
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLIAN, JOHN	6.2 NAME	
STREET ADDRESS	618 LEISURE WATERWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. VENICE FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Carlene M. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 5, 1999
Date

941-413-9288
Daytime Phone #

CR2F037 (11/98)