

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90334 037 ****61.25

DOCUMENT # 741922 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1840394	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DICKINSON, ROBERT A. 460 SOUTH INDIANA AVENUE ENGLEWOOD, FL 34223			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, KEN		NAME	BURBUTIS, PAUL + CONNIE	
STREET ADDRESS	4189 ORMOND ST		STREET ADDRESS	920 BONAIRE AVE.	
CITY-ST-ZIP	ENGLEWOOD, FL 33948		CITY-ST-ZIP	VENICE, FL. 34285	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEST, WINIFRED		NAME	WYATT, ROBERT + DONNA	
STREET ADDRESS	1069 HUMBOLT ST		STREET ADDRESS	311 LAKE TAHOE CT.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD, FL. 34223	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD RIDER, HELEN &		NAME	EVANS, JIM + ROSIE	
STREET ADDRESS	175 AVALON RD		STREET ADDRESS	930 CAPRI ISLE BLVD #222	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL. 34292	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD INGELS, ANN &		NAME	WOODRUFF FLOYD + LORRAINE	
STREET ADDRESS	1415 CORTES DRIVE		STREET ADDRESS	908 LEEWARD RD.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	VENICE, FL. 34293	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INGELS, ANN & HOWARD		NAME		
STREET ADDRESS	1415 CORTES DR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOLEY, GEORGE		NAME	BEST, RICHARD + WINIFRED	
STREET ADDRESS	12300 HERNANDO RD		STREET ADDRESS	1067 HUMBOLT ST.	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lorraine C. Woodruff</u> <u>LORRAINE C. WOODRUFF</u> <u>4/15/05</u> <u>941-493-6378</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					