


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90015 002 \*\*\*\*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  
**3951 WOODMERE PARK BLVD.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3951 WOODMERE PARK BLVD**  
 Suite, Apt. #, etc.



02102006 Chg-NP CR2E037 (11/05)

City & State  
**VENICE FL.**

City & State  
**VENICE FL**

Zip  
**34293**

Country  
**USA**

Zip  
**34293**

Country  
**USA**

4. FEI Number  
**59-1840394**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BURBUTIS, PAUL &amp; CONNIE</b> <b>920 BONAIRE AVE</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WYATT, ROBERT &amp; DONNA</b> <b>311 LAKE TAHOE CT</b> <b>ENGLEWOOD, FL 34223</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>EVANS, JIM &amp; ROSIE</b> <b>930 CAPRI ISLE BLVD #222</b> <b>VENICE, FL 34292</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WOODRUFF, F &amp; L</b> <b>908 LEEWARD RD</b> <b>VENICE, FL 34293</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>INGELS, ANN &amp; HOWARD</b> <b>1415 CORTES DR</b> <b>ENGLEWOOD, FL 34223</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEST, R &amp; W</b> <b>1067 HUMBOLT ST</b> <b>ENGLEWOOD, FL 34224</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BURBUTIS, PAUL + CONNIE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>EVANS, JIM + ROSIE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lorraine C. Woodruff **LORRAINE C. WOODRUFF** 3/19/06 941-493-6378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #