

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION.
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **756702** (7)

1. Corporation Name

FLORIDA ASSOCIATION OF SINGLE SQUARE AND ROUND DANCERS, INC.



Principal Place of Business

Mailing Address

**15840 SR 50
188
CLERMONT FL 34711
US**

**15840 SR 50
188
CLERMONT FL 34711
US**

3. Date Incorporated or Qualified
03/11/1981

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 15840-188 S.R.50
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

4. FEI Number
59-2102302

Applied For
Not Applicable

22
City & State

27
City & State

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

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

23 CLERMONT Florida
Zip Country

28
City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 34711 **25 US**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANDWEHR, BEVERLY J
15840-188 SR 50
CLERMONT FL 34711**

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

Beverly Landwehr

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **BROWELL, TONY**
STREET ADDRESS **1233 SUNFLOWER TRAIL**
CITY-ST-ZIP **ORLANDO FL**

11 TITLE **DVP** **President** ☒ Change ☒ Addition
12 NAME **MORRIS, RUTH L**
13 STREET ADDRESS **4639 MARTINGALE RD**
14 CITY-ST-ZIP **Jacksonville, FL 32210** ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **LANDWEHR, BEVERLY**
STREET ADDRESS **15840-188 SR 50**
CITY-ST-ZIP **CLERMONT FL**

21 TITLE **TD** **Treasurer**
22 NAME **Landwehr, Beverly**
23 STREET ADDRESS **15840-188 S.R.50**
24 CITY-ST-ZIP **Clermont, FL 34711**

TITLE **DVP** ☒ DELETE
NAME **BUESCHER, PAMELA**
STREET ADDRESS **107 LEA AVE.**
CITY-ST-ZIP **LONGWOOD FL**

31 TITLE **PD** **Vice Pres.** ☐ Change ☒ Addition
32 NAME **Treese, Grace**
33 STREET ADDRESS **7602 Baymeadows Cir # 92**
34 CITY-ST-ZIP **Jacksonville, FL 32256** ☐ Change ☒ Addition

TITLE **DS** ☒ DELETE
NAME **PELZ, MARY L**
STREET ADDRESS **4815 SOUTHLAND DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

41 TITLE **DS** **Secretary** ☐ Change ☒ Addition
42 NAME **Cash, Helen**
43 STREET ADDRESS **2372 Grace Ln**
44 CITY-ST-ZIP **Orange Park, Fla. 32073** ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
500001764115
-04/01/96--01024--010

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
*****61.25** ☐ Change ☐ Addition
32 330

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Beverly Landwehr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 877-8677

DATE

CR2E037 (12/95)