FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL 13 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768102 (6)

1. Corporation Name
THE FLORIDA FEDERATION OF SQUARE DANCERS, INC.

Principal Place of Business	Mailing Address
1949 SNOOK DR. DELTON FL 32739	1949 SNOOK DR. DELTON FL 32739

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2292968 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

DEWEY & DONNA HENDRICKS
1949 SNOOKS DR.
DELTONA FL 32738-8843

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
400001540654
-07/18/95--01105--027
*****70.00 *****70.00
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Dewey & Donna Hendricks — 1-26-95
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	~~ID~~	1.1 TITLE	SECRETARY/D	☒ Change ☐ Addition
NAME	HAYES, HOWARD	1.2 NAME		
STREET ADDRESS	6665 71ST STREET, NORTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34665	1.4 CITY-ST-ZIP		
TITLE	~~OD~~	2.1 TITLE	VICE PRESIDENT/D	☒ Change ☐ Addition
NAME	BELL, DON & BONNYE	2.2 NAME		
STREET ADDRESS	1744 MANADARIN ESTATES DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223	2.4 CITY-ST-ZIP		
TITLE	~~VPD~~	3.1 TITLE	PRESIDENT/D	☐ Change ☐ Addition
NAME	MCCLAIN, PAUL & MARIE	3.2 NAME		
STREET ADDRESS	5505 EAST 6TH AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33013	3.4 CITY-ST-ZIP		
TITLE	~~ND~~	4.1 TITLE	PARLIAMENTARIAN	☐ Change ☒ Addition
NAME	~~ALLEN, CLIFF & JEAN~~	4.2 NAME	TOM & JEAN HANCOCK	
STREET ADDRESS	~~591 FAIRWAY COURT~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~FT. WALTON BEACH FL 32547~~	4.4 CITY-ST-ZIP		
TITLE	~~PD~~	5.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	TAYLOR JACK & ZONIE	5.2 NAME	130 LANMAN ROAD	
STREET ADDRESS	4235 N. INDIAN RIVER DR.	5.3 STREET ADDRESS	NICEVILLE, FLA, 32578	
CITY-ST-ZIP	COCOA FL 32927	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	REMITTED BY MAY 1	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Howard V Hayes HOWARD V. HAYES 2-3-95 813-646-6607
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0031648