

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

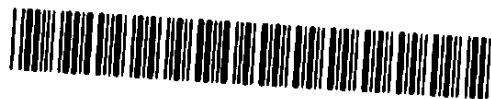
DOCUMENT # 768102 (6)
1. Corporation Name
THE FLORIDA FEDERATION OF SQUARE DANCERS, INC.

Principal Place of Business

1949 SNOOK DR.
DELTON FL 32738

Mailing Address

1949 SNOOK DR.
DELTON FL 32738



2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		07/13/1995	
22 City & State		3. Date Incorporated or Qualified	
23 Zip		04/22/1983	
24 Country		4. FEI Number	
25		59-2292968	
26		Applied For	
27		Not Applicable	
28		5. Certificate of Status Desired	
29		☒ \$8.75 Additional Fee Required	
30		6. Election Campaign Financing Trust Fund Contribution	
31		☐ \$5.00 May Be Added to Fees	
32		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
33		☐ Yes ☐ No	
34		10. Name and Address of New Registered Agent	
35		81 Name	
36		82 Street Address (P.O. Box Number is Not Acceptable)	
37		83	
38		84 City	
39		FL 85 Zip Code	

9. Name and Address of Current Registered Agent
DEWEY & DONNA HENDRICKS
1949 SNOOKS DR.
DELTONA FL 32738-8843

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 *Dewey & Donna Hendricks*
Signature, typed or printed name of registered agent and title if applicable
DEWEY & DONNA HENDRICKS
(NOTE: Registered Agent signature required when reinstating)
5/10/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	VD
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	VD	2.1 TITLE	PD
NAME	BELL, DON & BONNYE	2.2 NAME	BELL, DON & BONNYE
STREET ADDRESS	1744 MANDARIN ESTATES DRIVE	2.3 STREET ADDRESS	1744 MANDARIN ESTATES DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32223	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	PD	3.1 TITLE	
NAME	MCCLAINE, 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	P	4.1 TITLE	T
NAME	HANCOCK, TOM & JEAN	4.2 NAME	HANCOCK, TOM & JEAN
STREET ADDRESS	501 FAIRWAY COURT	4.3 STREET ADDRESS	130 LANMAN ROAD
CITY-ST-ZIP	FT. WALTON BEACH FL 32347	4.4 CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	P	5.1 TITLE	SD
NAME	TAYLOR JACK & ZONIE	5.2 NAME	TAYLOR, JACK & ZONIE
STREET ADDRESS	130 LANMAN ROAD	5.3 STREET ADDRESS	4235 N INDIAN RIVER DRIVE
CITY-ST-ZIP	NICEVILLE FL 32578	5.4 CITY-ST-ZIP	COCOA, FL 32927
TITLE		6.1 TITLE	P
NAME		6.2 NAME	HOCKMAN, STAN & JERRI
STREET ADDRESS		6.3 STREET ADDRESS	638 FLAGLER BLVD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAKE PARK, FL 33403

4. 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
29/6/96 904-882-9103
Date Daytime Phone #