

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90495 035 ****70.00

DOCUMENT # 768102

1. Entity Name

THE FLORIDA FEDERATION OF SQUARE DANCERS, INC.

Principal Place of Business

Mailing Address

1949 SNOOK DR.
 DELTON FL 32738

1949 SNOOK DR.
 DELTON FL 32738

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

59-2292968

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEWEY & DONNA HENDRICKS
1949 SNOOK DRIVE
DELTONA FL 32738-8628

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.

Dewey L. Hendricks Donna G. Hendricks

SIGNATURE *Dewey L. Hendricks & Donna G. Hendricks*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **STOVALL, DEE DEE BESSIE**
 STREET ADDRESS **2730 PINE SUMMIT DRIVE EAST**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **KNAPP, GEORGE SHIRLEY**
 STREET ADDRESS **25189 ARDON AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32833**

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2519 ARDON AVENUE**
 CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **VD** ☐ Delete
 NAME **BRASFIELD, KEN SANDY**
 STREET ADDRESS **4925 17TH AVENUE NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5700 BAYSHORE RD #1012**
 CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **PD** ☒ Delete
 NAME **HOCKMAN, STAN & JERRY**
 STREET ADDRESS **638 FLAGLER BLVD.**
 CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE **P** ☐ Change ☒ Addition
 NAME **JACK & KATHY MCKINNEY**
 STREET ADDRESS **706 6TH AVENUE NORTH**
 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **T** ☐ Delete
 NAME **CORNETT, FRED & SHIRLEY**
 STREET ADDRESS **1472 CHAMPIONS GREEN DR**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **SD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **MCKENZIE, GARLAND/CAROLE**
 STREET ADDRESS **10186 PENZANCE LANE**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Ken Brasfield* **KEN BRASFIELD** *2-24-02 941-722-1491*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)