

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90119 008 ****61.25

DOCUMENT # 768102

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

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

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 *Dewey & Donna Hendricks*

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

(NOTE: Registered Agent signature required when reinstating)

2/22/03

DATE

FILE NOW: FEE IS \$61.25

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 **VD**
NAME **KNAPP, GEORGE SHIRLEY** ☐ Delete
STREET ADDRESS **2519 ARDON AVENUE**
CITY-ST-ZIP **ORLANDO FL 32833**

TITLE **PD**
NAME **BRASFIELD, KEN SANDY** ☒ Delete
STREET ADDRESS **5700 BAYSHORE RD. #1012**
CITY-ST-ZIP **PALMETTO FL 34221**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **P** ☐ Change ☒ Addition
NAME **Brown, Ken / Sue**
STREET ADDRESS **3812 Old Salem Road**
CITY-ST-ZIP **Lake Land, FL 33811**

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 *George R. Knapp* **SIGNATURE REQUIRED** *George R. Knapp* **2/24/03** *407-568-6498*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)