

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 12, 2004
Secretary of State**

DOCUMENT# N00000005452

Entity Name: THE BARN DANCERS YOUTH CLUB, INC.

Current Principal Place of Business:

3820 MINTON ROAD
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

3820 MINTON ROAD
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 59-3674242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTZ, OTIS P
3820 MINTON ROAD
MELBOURNE, FL 32904

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZRUTSKIE, TERRY
Address: 48 PAUL RENE DR
City-St-Zip: W MELBOURNE, FL 32904

Title: VP () Delete
Name: MANN, JOE
Address: 1626 COUNTRY COVE CIRCLE
City-St-Zip: MALABAR, FL 32950

Title: S () Delete
Name: LUTZ, OTIS P
Address: 3820 MINTON RD
City-St-Zip: MELBOURNE, FL 32904

Title: T () Delete
Name: LUTZ, LINDA
Address: 3820 MINTON RD
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: YOUNG, BETH
Address: 2401 DAIRY ROAD
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: MANN, BETTY
Address: 1626 COUNTRY COVE CIRCLE
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OTIS P. LUTZ

Electronic Signature of Signing Officer or Director

S

03/12/2004

Date