


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # N08685	
1. Entity Name PANAMA CITY SQUARE AND ROUND DANCE ASSOCIATION, INC.	

Principal Place of Business 1105 BOB LITTLE RD PANAMA CITY, FL 32401 US	Mailing Address 123 N. COVE TERRACE DR. PANAMA CITY, FL 32401 US
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DO NOT WRITE IN THIS SPACE



03162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2561927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEARNEY, BETTY 123 N. COVE TERRACE DR. PANAMA CITY, FL 32401

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000862964 04/03/08-80072-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLENDON, JOSEPH 6323 OAK KINDOLL RD PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESLEY, FORBES 4542 BAYWOOD DR LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNEY, BETTY 123 N COVE TERRACE DR PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCLENDON, PATRICIA H 6323 OAK KNOLL RD. PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDS, SHERRY 6302 OAK KNOLL ROAD PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Patricia H. McLendon Treasurer* **3-17-08** **850-769-4218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PATRICIA H. MCLENDON