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Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N29532 (1)
1. Corporation Name
FLORIDA COUNTRY & WESTERN DANCE ASSOCIATION, INC



Principal Place of Business: P.O. BOX 7211 FORT MYERS FL 33901
Mailing Address: P.O. BOX 7211 FORT MYERS FL 33901

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1988		3a. Date of Last Report 03/21/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0026933		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BESS, JEAN 2200 TREEHAVEN CIRCLE FT. MYERS FL 33907				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: *Jean Bess* DATE: 5-10-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D MARY POSTER - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGARD, KEVIN	1.2 NAME	1117 S.E. 4TH AVE
STREET ADDRESS	17890 SLATER RD.	1.3 STREET ADDRESS	CAPE CORAL FL 33990
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D JUDI DURANT - VICE-PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, FRANK	2.2 NAME	19740 GOTTARDI RD
STREET ADDRESS	20421 CUMBERLAND COURT	2.3 STREET ADDRESS	N. FT MYERS FL 33917
CITY-ST-ZIP	ESTERO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	BRENDA DODSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESS, JEAN	3.2 NAME	AND A CANTONMENT DR
STREET ADDRESS	2200 TREE HAVEN CIRLCE	3.3 STREET ADDRESS	FT MYERS FL 33907
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	D BRENDA DODSON - TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBATO, MARYANN	4.2 NAME	2142 CRYSTAL DRV
STREET ADDRESS	P.O. BOX 1293 NA	4.3 STREET ADDRESS	FT MYERS FL 33907
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	(Secretary) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Martha King
STREET ADDRESS		5.3 STREET ADDRESS	13111 Wayback Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Buckeeleiv, FL 33922
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)

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