

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33645 (5)

1. Corporation Name

TOUCH OF COUNTRY DANCE CLUB, INC.

Principal Place of Business

**% JAN M. KOLASKA
6929 SILVERMILL DR.
TAMPA FL 33635
US**

Mailing Address

**% JAN M. KOLASKA
6929 SILVERMILL DR.
TAMPA FL 33635
US**

c/o Jan M. Kolaska

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26 **6929 Silvermill Dr.**

22
City & State

27
City & State

23
Zip Country

28 **Tampa, FL**

24
Zip

25
Country

29 **33635**

30 **USA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/07/1989

3a. Date of Last Report
05/13/1994

4. FBI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**6. Election Campaign Financing
Trust Fund Contribution** ☐

**\$5.00 May Be
Added to Fees**

**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status** ☒

**\$68.75 Supplemental
Fee Not Required**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes** ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOLASKA, JAN M.
6929 SILVERMILL DR.
TAMPA FL 33613**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **LOUGHMAN, RICHARD**
STREET ADDRESS **18118 US 41 NORTH LOT 68A**
CITY - ST - ZIP **LUTZ FL**

TITLE **DV**
NAME **BILLO, ALLEN**
STREET ADDRESS **14333 DIPLOMAT DR.**
CITY - ST - ZIP **TAMPA FL**

TITLE **DS**
NAME **WEST, SANDY**
STREET ADDRESS **6262 EMERSON CIR., S. #11**
CITY - ST - ZIP **ST. PETE FL**

TITLE **DT**
NAME **KOLASKA, JAN M**
STREET ADDRESS **6929 SILVERMILL DR.**
CITY - ST - ZIP **TAMPA FL**

TITLE **DV**
NAME **KELMELIS, KATHY**
STREET ADDRESS **11400 4TH ST., N. #508**
CITY - ST - ZIP **ST. PETE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Jan M. Kolaska
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1995

(813) 855-6013