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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 07 1996 8:00 am
Secretary of State

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

6929 SILVERMILL DR C/O JAN M. KOLASKA
-16414 N-16TH ST.-
TAMPA FL 33635
US



3. Date Incorporated or Qualified
08/07/1989

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6929 Silvermill Dr.
Suite, Apt. #, etc.
27 c/o Jan M. Kolaska

23 City & State

28 Tampa, FL

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current 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
33635

10. Name and Address of New Registered Agent

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 officer 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

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 ☐ DELETE
NAME LOUGHMAN, RICHARD
STREET ADDRESS 18118 US 41 NORTH LOT 68A
CITY-ST-ZIP LUTZ FL

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan M. Kolaska

Jan. 21, 1996 (813)855-6013

Date

Daytime Phone #

CR2E037 (12/95)