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Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Samuel J. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33645** (5)

1. Corporation Name

TOUCH OF COUNTRY DANCE CLUB, INC.



Principal Place of Business Mailing Address

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

% JAN M. KOLASKA
6929 SILVERMILL DR.
TAMPA FL 33635-9695
US

3. Date Incorporated or Qualified **08/07/1989** 3a. Date of Last Report **02/07/1996**

2. Principal Place of Business 2a. Mailing Address

21 **14333 DIPLOMAT DR.** 26 } **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 } **SAME**

City & State City & State

23 **TAMPA, FL** 28 } **SAME**

Zip Country Zip Country

24 **33613** 25 **HILLS BORO** 29 } **SAME** 30

4. FEI 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**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **BILLO, ALLEN R.**

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

83 **14333 DIPLOMAT DR.**

84 City **TAMPA** FL 85 Zip Code **33613**

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 **ALLEN R. BILLO** *Allen R. Billo* **4-2-97**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	CHAIRMAN AND TREASURER
NAME	LOUGHMAN, RICHARD	1.2 NAME	ALLEN R. BILLO
STREET ADDRESS	18118 US 41 NORTH LOT 68A	1.3 STREET ADDRESS	14333 DIPLOMAT DR.
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	TAMPA, FL 33613
TITLE	DV	2.1 TITLE	VICE CHAIRMAN + SEC.
NAME	BILLO, ALLEN	2.2 NAME	LINDA RAWDAN
STREET ADDRESS	14333 DIPLOMAT DR.	2.3 STREET ADDRESS	15414 N. 15TH ST.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	LUTZ, FL 33549
NAME	WEST, SANDY	3.1 TITLE	D.P.
STREET ADDRESS	6262 EMERSON CIR., S. #11	3.2 NAME	Allen R. Billo
CITY-ST-ZIP	ST. PETE FL	3.3 STREET ADDRESS	14333 Diplomat Dr.
TITLE	DT	3.4 CITY-ST-ZIP	Tampa, FL 33613
NAME	KOLASKA, JAN M	4.1 TITLE	D.V.
STREET ADDRESS	6929 SILVRMILL DR.	4.2 NAME	Linda Rawdan
CITY-ST-ZIP	TAMPA FL	4.3 STREET ADDRESS	15414 N. 15TH ST.
TITLE	DV	4.4 CITY-ST-ZIP	LUTZ, FL 33549
NAME	KELMELIS, KATHY	5.1 TITLE	D.T.
STREET ADDRESS	11400 4TH ST., N. #508	5.2 NAME	Patricia A. Billo
CITY-ST-ZIP	ST. PETE FL	5.3 STREET ADDRESS	14333 Diplomat Dr.
TITLE		5.4 CITY-ST-ZIP	Tampa, FL 33613
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		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.

SIGNATURE: **Allen R. Billo** **4-2-97** (813) 961-4039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048000

CR2E037 (9/96)