

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N47110 (4)

1. Corporation Name

BEVERLY HILLBILLIES SQUARE DANCE CLUB, INC.



Principal Place of Business

Mailing Address

**BILL & SHIRLEY DUNKLE
45 LINDER DR
HOMOSASSA FL 34446
US**

**%BILL & SHIRLEY DUNKLE
45 LINDER DR
HOMOSASSA FL 34446
US**

3. Date Incorporated or Qualified
01/31/1992

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **Mr. Walter Wezwick**

26 **Mr. Walter Wezwick**

4. FEI Number
59-3041177

Applied For
Not Applicable

22 **3942 N Passion Flower Way**

27 **3942 N Passion Flower Way**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Beverly Hills, FL**

28 **Beverly Hills, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **34465**

29 **34465**

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

**BILL & SHIRLEY DUNKLE
45 LINDER DR
HOMOSASSA FL 34446**

81 Name **Walter + Barbara Wezwick**
82 Street Address (P.O. Box Number is Not Acceptable)
3942 N Passion Flower Way
83
84 City **Beverly Hills** **FL** 85 Zip Code **34465**

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLDER, ELBERT	
STREET ADDRESS	1 KANSAS ST	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURRAY, DAVE & DEE	
STREET ADDRESS	56 S OSCEOLA ST	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DUNKLE, BILL & SHIRLEY	
STREET ADDRESS	45 LINDER DR	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEAVITT, LESLIE & SONY	
STREET ADDRESS	864 W GLEASON DR	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wezwick, Walter + Barbara
3.3 STREET ADDRESS	3942 N Passion Flower Way
3.4 CITY-ST-ZIP	Beverly Hills, FL. 34465
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Walter Wezwick** 1-25-96 352-746-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)