

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N93000005094 (8)**

1. Corporation Name

46TH NATIONAL SQUARE DANCE CONVENTION, INC.

FILED

05 JUN 23 10 00 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 8525 SW KANNER HIGHWAY INDIANTOWN FL 34956 | 8525 SW KANNER HIGHWAY INDIANTOWN FL 34956 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/08/1993 | 3a. Date of Last Report 03/10/1994 |
| 4. FEI Number 65-0431957 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| 29 | 30 |

9. Name and Address of Current Registered Agent

CARRIER, WORLEY
8525 SW KANNER HIGHWAY
INDIANTOWN FL 34956

10. Name and Address of New Registered Agent

| |
|---|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | CARRIER, WORLEY |
| STREET ADDRESS | 8525 SW KANNER HIGHWAY |
| CITY-ST-ZIP | INDIANTOWN FL 34956-3104 |
| TITLE | D |
| NAME | CARRIER, NAN |
| STREET ADDRESS | 8525 SW KANNER HIGHWAY |
| CITY-ST-ZIP | INDIANTOWN FL 34956-3104 |
| TITLE | VD |
| NAME | MCCLESKEY, DUKE |
| STREET ADDRESS | 250 QUEENS COURT |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 |
| TITLE | D |
| NAME | MCCLESKEY, DORIS |
| STREET ADDRESS | 250 QUEENS COURT |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 |
| TITLE | SD |
| NAME | MCCONNAHA, JIM |
| STREET ADDRESS | 1075 MOLAKI DRIVE |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 |
| TITLE | SD |
| NAME | MCCONNAHA, JAN |
| STREET ADDRESS | 1075 MOLAKI DRIVE |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | Treas. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Willis Van Voorhis | |
| 1.3 STREET ADDRESS | 826 TIMBERVIEW DR- APT E | |
| 1.4 CITY-ST-ZIP | EXT PIERCE, FL 34987 | |
| 2.1 TITLE | Treas. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Dorothy Van Voorhis | |
| 2.3 STREET ADDRESS | 826 TIMBERVIEW DR APT E | |
| 2.4 CITY-ST-ZIP | 826 Ft Pierce, FL 34987 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 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: Worley Carrier 1-15-95 (407) 597-3277

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____