


FILE NOW: FILING FEE IS \$61.25

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Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003061 (8)**

1. Corporation Name

**THE BARN DANCERS, INC.**



Principal Place of Business <b>3820 MINTON ROAD MELBOURNE FL 32904</b>		Mailing Address <b>3820 MINTON ROAD MELBOURNE FL 32904</b>		3. Date Incorporated or Qualified <b>06/17/1994</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-3255622</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>		Country <b>25</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUTZ, OTIS  
3820 MINTON ROAD  
MELBOURNE FL 32904**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<b>DIRECTOR</b>
NAME	<b>LUTZ, OTIS</b>	1.2 NAME	<b>MR. JACK TAYLOR</b>
STREET ADDRESS	<b>3820 MINTON ROAD</b>	1.3 STREET ADDRESS	<b>4235 N. INDIAN RIVER DR</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	<b>COLOA, FL 32927</b>
TITLE	<b>STD</b>	2.1 TITLE	<b>DIRECTOR</b>
NAME	<b>LUTZ, LINDA</b>	2.2 NAME	<b>MRS. ZONIG TAYLOR</b>
STREET ADDRESS	<b>3820 MINTON ROAD</b>	2.3 STREET ADDRESS	<b>4235 N. INDIAN RIVER DR</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	2.4 CITY-ST-ZIP	<b>COLOA, FL 32927</b>
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>LUTZ, ERNEST H</b>	3.2 NAME	
STREET ADDRESS	<b>3820 MINTON ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32904</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

**OTIS LUTZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-98**

**402-676-0927**

Date

Daytime Phone # 0018517

CR2E037 (10/97)