FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400003061

1. Corporation Name

THE BARN DANCERS, INC.

FILED Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90067 010 ****61.25

Principal Place of Business 3820 MINTON ROAD		Mailing Address 3820 MINTON ROAD	•			AND Ba den Ba de	 8	IBI (BI (BB)
MELBOURNE F		MELBOURNE FL 32904						
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21 26					06/17/1994			
Suite, Apt. #, etc.			۶.		4. FEI Number 59-3255622		 	plied For t Applicable
22 City & Stat		City & State			-		\$8.75 A	
City & Stat	e	28			5. Certificate of Status Desired		Fee Rec	
Zip	Country	Zip	Countr	у	6. Election Campaign Financing		\$5.00	May Be
24	25	29 30	0		Trust Fund Contribution		Added to	o Fees
	9. Name and Address of Currer	nt Registered Agent		<u> </u>	10. Name and Address of New Re	gistered A	gent	
			8	1 Name				
LUTZ, OTIS			8:	2 Street Ad	dress (P.O. Box Number is Not Acceptabl	e)		
3820 MINTON ROAD MELBOURNE FL 32904			8:	3				-
MELDOON	WIL 1 & 32904		8	4 City		-	85 Zip C	`ode
1				1	proration submits this statement for the pu	FL		
office of r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	itions of, Section 617.0503, Flond	a Statute	: S.	ation's board of directors. I hereby accept t	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME.	LUTZ, OTIS		1.2 NAME					
STREET ADDRESS	1		· · ·	ET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL	[] DELETE	1.4 CITY-				☐ Change	Addition
TITLE	STD	C) DELETE	2.1 TITLE 2.2 NAME				□ olibilgo	
NAME STREET ADDRESS	LUTZ, LINDA 3820 MINTON ROAD			ET ADDRESS	•			-
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY	- 1				
TITLE	D	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	TAYLOR, JACK		3.2 NAME	:				
STREET ADDRESS	-= : : : : : : : : : : : : : : : : :			ET ADDRESS				
CITY-ST-ZIP	COCOA FL 32927	☐ DELETE	3.4. CITY 4.1 TITLE				☐ Change	Addition
TITLE NAME	D Taylor, Zonie	€ DELETE	4.1 IIILE 4.2 NAMI					
i	4235 N INDIAN RIVER DR			ET ADDRESS				
CITY-ST-ZIP	COCOA FL 32927		4.4 CITY-	i			<u>, </u>	
TITLE		DELETE	5.1 TITLE	I .			Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS		3		
CITY-ST-ZIP		DELETE	5.4 CITY- 6.1 TITLE				☐ Change	☐ Addition
TITLE			6.2 NAME			•	∵ cusude	
NAME CTREET ADDRESS				ET ADDRESS				1
STREET ADORESS			6.4 CITY-					

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, with all other like empowered.

SIGNATURE:

3-12-99 407-676-0927