

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

Principal Place of Business

Mailing Address

8525 SW KANNER HIGHWAY
INDIANTOWN FL 34956

8525 SW KANNER HIGHWAY
INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE

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

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRIER, WORLEY
8525 SW KANNER HIGHWAY
INDIANTOWN FL 34956

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

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
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

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 19.07(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
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-95

(407) 597-3277
DATE