2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 713982

Entity Name: FRIDAY MUSICALE, INC.

Current Principal Place of Business:

645 OAK ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

645 OAK ST
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-0766981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, CHRISTINE A MISS
645 OAK ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CLARK, CHRISTINE A MISS	
Address:	5386 TULANE AVE.	
City-St-Zip:	JACKSONVILLE, FL 32207 US	
Title:	1VP	( ) Delete
Name:	FRANKLIN, PAMELA MRS.	
Address:	4229 SAN REMO DR.	
City-St-Zip:	JACKSONVILLE, FL 32217 US	
Title:	2VP	( ) Delete
Name:	SCHOLL, SHARON DR.	
Address:	2049 SELVA MARINA DR.	
City-St-Zip:	ATLANTIC BEACH, FL 32233 US	
Title:	TREA	( ) Delete
Name:	FISHER, MICHAEL MR	
Address:	3521 HEDRICK ST.	
City-St-Zip:	JACKSONVILLE, FL 32205 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TREA	(X) Change ( ) Addition
Name:	ADAMS, WILLIAM MR	
Address:	4417 CHIPPEWA DR. S.	
City-St-Zip:	JACKSONVILLE, FL 32210 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE A. CLARK PRES 04/16/2009

Electronic Signature of Signing Officer or Director — Date