

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713982

FILED
Jan 08, 2010
Secretary of State

Entity Name: FRIDAY MUSICALE, INC.

Current Principal Place of Business:

645 OAK ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

645 OAK STREET
JACKSONVILLE, FL 32204 US

Current Mailing Address:

645 OAK ST
JACKSONVILLE, FL 32204 US

New Mailing Address:

645 OAK STREET
JACKSONVILLE, FL 32204 US

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:

HEACOX, CHRISTOPHER J MR.
645 OAK STREET
JACKSONVILLE, FL 32204 US

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: CHRISTOPHER J. HEACOX

01/08/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CLARK, CHRISTINE A MISS
Address: 5386 TULANE AVE.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: 1VP
Name: FRANKLIN, PAMELA MRS.
Address: 4229 SAN REMO DR.
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: 2VP
Name: SCHOLL, SHARON DR.
Address: 2049 SELVA MARINA DR.
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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

Title: ED
Name: HEACOX, CHRISTOPHER J MR.
Address: 645 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER HEACOX

ED

01/08/2010

Electronic Signature of Signing Officer or Director

Date