

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713982

FILED  
Jun 12, 2012  
Secretary of State

Entity Name: FRIDAY MUSICALE, INC.

**Current Principal Place of Business:**

645 OAK STREET  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

645 OAK STREET  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

FEI Number: 59-0766981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEACOX, CHRISTOPHER J  
645 OAK STREET  
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: PRES  
Name: MARKHAM, HENSON JR.  
Address: 3807 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32207 US

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

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

Title: VP  
Name: FISHER, MICHAEL  
Address: 645 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: ED  
Name: HEACOX, CHRISTOPHER J  
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 J HEACOX

ED

06/12/2012

Electronic Signature of Signing Officer or Director

Date