

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006311

FILED  
Jan 10, 2005  
Secretary of State

**Entity Name:** THE FLORIDA NIGHTCLUB AND BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

230 S. ADAMS ST.  
TALLAHASSEE, FL 323017710

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1779  
TALLAHASSEE, FL 323021779

**New Mailing Address:**

**FEI Number:** 52-2378115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOVER, CAROL  
230 S. ADAMS ST.  
TALLAHASSEE, FL 323017710 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: D ( ) Delete  
Name: DOVER, CAROL B  
Address: 534 DOVER RD  
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete  
Name: ENEA, DANIEL M  
Address: 2655 NE 189 STREET  
City-St-Zip: MIAMI, FL 33180

Title: D ( ) Delete  
Name: GRAYSON, JEFF  
Address: 313 MACARTHUR PLACE  
City-St-Zip: MAITLAND, FL 32751

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL B DOVER

D

01/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date