

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# N01000006311

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 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: CAROL B. DOVER

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date