

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90041 020 ****61.25

DOCUMENT # N04000005631

1. Entity Name
FRIDAY NIGHT DANCE CLUB, INC.



Principal Place of Business
**ORANGE PARK LIONS CLUB
423 MCINTOSH AVE.
ORANGE PARK, FL 32073 US**

Mailing Address
**516 LEEWOOD CT.
ORANGE PARK, FL 32065 US**

4000000000



2. Principal Place of Business

3. Mailing Address

01062005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
22-1205798

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAGENSICK, JOHN R MR
516 LEEWOOD CT.
ORANGE PARK, FL 32065**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BARONE, STANLEY**
STREET ADDRESS **7121 SHINDLER DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32222**

TITLE **V** ☐ Delete
NAME **SNIDER, NORMA**
STREET ADDRESS **3377 CHRYSLER DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **S** ☐ Delete
NAME **GAUSTAD, JANICE**
STREET ADDRESS **516 LEEWOOD CT.**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **T** ☒ Delete
NAME **MERCER, EDDIE**
STREET ADDRESS **12604 MUIRFIELD BLVD. S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **HAGENSICK, JOHN**
STREET ADDRESS **516 LEEWOOD CT.**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

John Hagensick

1/17/05

904-276-3781