

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90055 028 ****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		
2. Principal Place of Business		3. Mailing Address		60011597 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 22-1205798	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAGENSICK, JOHN R MR 516 LEEWOOD CT. ORANGE PARK, FL 32065				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME BARONE, STANLEY STREET ADDRESS 7121 SHINDLER DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32222	<input type="checkbox"/> Delete		TITLE P NAME WILLIAM FRENCH STREET ADDRESS 5216 RAINY AVE. E. CITY-ST-ZIP ORANGE PARK FL 3206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME SNIDER, NORMA STREET ADDRESS 3377 CHRYSLER DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE V NAME EDWARD MEAKER STREET ADDRESS 12604 MURFIELD BLVD. S. CITY-ST-ZIP JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GAUSTAD, JANICE STREET ADDRESS 516 LEEWOOD CT. CITY-ST-ZIP ORANGE PARK, FL 32065	<input type="checkbox"/> Delete		TITLE S NAME SANDRA SHARTLAND STREET ADDRESS 202 THREE CREEKS RD CITY-ST-ZIP JACKSONVILLE FL 32220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HAGENSICK, JOHN STREET ADDRESS 516 LEEWOOD CT CITY-ST-ZIP ORANGE PARK, FL 32065	<input type="checkbox"/> Delete		TITLE T NAME FRANK HOUDE STREET ADDRESS 302 BLAIRMORE BLVD. E. CITY-ST-ZIP ORANGE PARK FL 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>John R. Hagensick</i>			JOHN R. HAGENSICK		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/2/06 Daytime Phone #: 904-276-3781		