

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010761

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** AMERICAN BELLY DANCE CLUB, INC.

**Current Principal Place of Business:**

2060 PALM BAY RD NE SUITE 2  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100246  
PALM BAY, FL 32910

**New Mailing Address:**

**FEI Number:** 02-0701091

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MERRICK, VICKI M  
1351 HEITZMAN AVE  
PALM BAY, FL 32907 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: PVPT  
Name: MERRICK, VICKI  
Address: 1351 HEITZMAN AVE SW  
City-St-Zip: PALM BAY, FL 32908

Title: DP  
Name: LUCKER, LISA MERRICK  
Address: 238 JEFFERSON AVE  
City-St-Zip: PALM BAY, FL 32907

Title: D  
Name: DUDLEY, YVONNE  
Address: 139 NARANJA BLVD  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S  
Name: JACKSON, MELISSA  
Address: 825 TORRENCE ST  
City-St-Zip: MELBOURNE, FL 32935

Title: M  
Name: SHEA, ALISON  
Address: 630 TULANE AVE  
City-St-Zip: MELBOURNE, FL 32907

Title: T  
Name: MERRICK, VICKI  
Address: 2060 PALM BAY ROAD NE  
City-St-Zip: PALM BAY, FL 32905

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: VICKI MERRICK

DVPT

01/06/2010

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

\_\_\_\_\_  
Date