

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N35650**

1. Entity Name  
**DANSCOMPANY OF GAINESVILLE, INC.**



Principal Place of Business  
**5001 NW 34 STREET  
GAINESVILLE, FL 32605**

Mailing Address  
**5001 NW 34 STREET  
GAINESVILLE, FL 32605**



01122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3028404**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAIER, FRANK P.  
3426 NW 43 ST  
GAINESVILLE, FL 32601**

**DO NOT WRITE  
IN THIS SPACE**

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**

000000187064

01/21/05-80084-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
SMITH, ANGELA  
8815 SW 42ND PLACE  
GAINESVILLE, FL 32608**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
BENNETT, SANDRA  
1014 NW 16TH AVE.  
GAINESVILLE, FL 32605**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
VELAZQUEZ, MARIA  
1828 SW 112TH ST.  
GAINESVILLE, FL 32607**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
MELBY, JEAN  
7810 SW 10TH AVE.  
GAINESVILLE, FL 32607**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/05 352-377-5561