

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90030 034 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-3028404
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ANGELA 8815 SW 42ND PLACE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNETT, SANDRA 1014 NW 16TH AVE. GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Clark, Debbie 5001 NW 34th Street 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	President	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELBY, JEAN 7810 SW 10TH AVE. GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUGGERO, Sue 3426 NW 37th PL GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Angela Smith CPA</i> / <i>Treasurer 1/19/06</i> 352-377-5566					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					