


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90040 025 \*\*\*\*61.25

<b>DOCUMENT # N35650</b> 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 - No P.O. Box # 5003 NW 34th St.		3. Mailing Address 5003 NW 34th St	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State Gainesville, FL		City & State Gainesville, FL 32605	
Zip 32605		Zip 32605	
Country USA		Country USA	
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ANGELA 8815 SW 42ND PLACE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, DEBBIE 2001 NW 34TH ST GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELAZQUEZ, MARIA 1828 SW 112TH ST. GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUGGERO, SUE 3925 NW 37TH PLACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Muggero, Sue (Correct spelling)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Bell, Garrett 2065 NW 20th Lane Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 an other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/11/08 Daytime Phone #: 352-377-5564	

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03112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3028404  
Applied For  
Not Applicable

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