

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35650

FILED
Mar 03, 2009
Secretary of State

Entity Name: DANSCOMPANY OF GAINESVILLE, INC.

Current Principal Place of Business:

5003 NW 34TH ST.
GAINESVILLE, FL 32605

New Principal Place of Business:

5003-B NW 34TH ST.
GAINESVILLE, FL 32605

Current Mailing Address:

5003 NW 34TH ST.
GAINESVILLE, FL 32605

New Mailing Address:

5003-B NW 34TH ST.
GAINESVILLE, FL 32605

FEI Number: 59-3028404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAIER, FRANK P.
3426 NW 43 ST
GAINESVILLE, FL 32601 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: T () Delete
Name: SMITH, ANGELA
Address: 8815 SW 42ND PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: CLARK, DEBBIE
Address: 2001 NW 34TH ST
City-St-Zip: GAINESVILLE, FL 32605

Title: P () Delete
Name: MUGGEO, SUE
Address: 3925 NW 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: GARRETT, BELL
Address: 2065 NW 20TH LANE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGELA R. SMITH

TREA

03/03/2009

Electronic Signature of Signing Officer or Director

Date