

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001974

FILED
Apr 06, 2009
Secretary of State

Entity Name: SATURDAY NIGHT OUT, INC.

Current Principal Place of Business:

310 3RD AVENUE EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

310 3RD AVENUE EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 65-0946428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EATON, CECILIA
1101 6TH AVENUE WEST - SUITE 211
BRADENTON, FL 34205 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: P () Delete
Name: BIERBAUM, RENEE
Address: 5012 WOODLAWN CIR W
City-St-Zip: PALMETTO, FL 34221

Title: VP () Delete
Name: DENGLER, LORI J
Address: 310 3RD AVENUE EAST
City-St-Zip: BRADENTON, FL 34208

Title: FED () Delete
Name: RIGGS, DONNA
Address: 310 3RD AVENUE EAST
City-St-Zip: BRADENTON, FL 34208

Title: T () Delete
Name: EATON, CECILIA
Address: 1101 SIXTH AVENUE W SUITE 211
City-St-Zip: BRADENTON, FL 34205

Title: S () Delete
Name: EATON, CEC
Address: 1101 SIXTH AVENUE W SUITE 211
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: COOPER, DEBRA
Address: 4132 VIA MIRADA
City-St-Zip: SARASOTA, FL 34238

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:

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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: DONNA RIGGS

FED

04/06/2009

Electronic Signature of Signing Officer or Director

Date