

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762981

1. Corporation Name

THE TRIANGLE CLUB OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business
1005 S.E. 4TH AVENUE
GAINESVILLE FL 32601-3975

Mailing Address
1005 S.E. 4TH AVENUE
GAINESVILLE FL 32601-3975

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90010 047 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/26/1982

4. FEI Number

59-2890418

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILLIAM H GREEN
2925 SW 28TH PLACE, #375
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name SUSAN P. ROBEILL
82 Street Address (P.O. Box Number is Not Acceptable)
5130 N.W. 48TH TERRACE
83 GAINESVILLE
84 City
85 Zip Code FL 32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE SUSAN ROBEILL Susan P. Robell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/30/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	WILLIAM H GREEN	<input checked="" type="checkbox"/> DELETE
NAME		2925 SW 28TH PLACE	
STREET ADDRESS		GAINESVILLE FL 32608	
CITY-ST-ZIP			
TITLE	V	ALAN J BOBKIN	<input checked="" type="checkbox"/> DELETE
NAME		195 TURKEY CREEK	
STREET ADDRESS		ALACHUA FL 32615	
CITY-ST-ZIP			
TITLE	S	JAMES J COSTELLO	<input checked="" type="checkbox"/> DELETE
NAME		610 NW 39TH DR	
STREET ADDRESS		GAINESVILLE FL 32607	
CITY-ST-ZIP			
TITLE	T	RUBY J GREEN	<input checked="" type="checkbox"/> DELETE
NAME		2915 NE 17TH DR	
STREET ADDRESS		GAINESVILLE FL 32609	
CITY-ST-ZIP			
TITLE	D	JERRY JANIEC	<input checked="" type="checkbox"/> DELETE
NAME		11207 SW 61ST STREET	
STREET ADDRESS		GAINESVILLE FL 32605	
CITY-ST-ZIP			
TITLE	D	VAN MCCAVER	<input checked="" type="checkbox"/> DELETE
NAME		1942 NW 32RD AVE	
STREET ADDRESS		GAINESVILLE FL 32605	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT HARMS	
1.3 STREET ADDRESS	2016 NE 7TH TERR	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32609	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM WITT	
2.3 STREET ADDRESS	5622 NW 43RD ST	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUSAN P. ROBEILL	
3.3 STREET ADDRESS	5130 NW 48TH TERR	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN M. HOPE	
4.3 STREET ADDRESS	3714 SW 56 RD	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32608	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Raenelle Fisher	
5.3 STREET ADDRESS	5950 SW 20TH AVE #A5	
5.4 CITY-ST-ZIP	GAINESVILLE FL 32607	
6.1 TITLE	Vacant	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT HARMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99

Daytime Phone #

CR2E037 (11/98)

0010893