

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002038

FILED
Apr 09, 2011
Secretary of State

Entity Name: THE TRIANGLE CONNECTION, INC.

Current Principal Place of Business:

% SCOT J. CORNWALL
30843 MISSION AVE.
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

% SCOT J. CORNWALL
30843 MISSION AVE.
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 26-2129404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNWALL, SCOT J
30843 MISSION AVE.
TAVARES, FL 32778 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: PRES
Name: SCHORMANN, CHARLES
Address: 36927 CR 439
City-St-Zip: EUSTIS, FL 32736 US

Title: D
Name: FENNINGER, P. EDWARD
Address: 36927 CR 439
City-St-Zip: EUSTIS, FL 32736 US

Title: V P
Name: CORNWALL, SCOT J
Address: 30843 MISSION AVE.
City-St-Zip: TAVARES, FL 32778 US

Title: S/T
Name: OPPERMAN, WILLIAM R
Address: 30843 MISSION AVE.
City-St-Zip: TAVARES, FL 32778 US

Title: D
Name: SIEVERT, WILLIAM
Address: 432 E. 10TH AVE.
City-St-Zip: MT. DORA, FL 32757 US

Title: D
Name: THEIS, JOHN
Address: 432 E. 10TH AVE.
City-St-Zip: MT. DORA, FL 32757 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. OPPERMAN

S/T

04/09/2011

Electronic Signature of Signing Officer or Director

Date