2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002038

Entity Name: THE TRIANGLE CONNECTION, INC.

Current Principal Place of Business:

THE TRIANGLE CONNECTION, INC.

P. O. BOX 382

MOUNT DORA, FL 32756

Current Mailing Address:

THE TRIANGLE CONNECTION, INC.

P. O. BOX 382

MOUNT DORA, FL 32756 US

FEI Number: 26-2129404 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OPPERMAN, WILLIAM R
THE TRIANGLE CONNECTION, INC.

P. O. BOX 382

MOUNT DORA, FL 32756 US

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: WILLIAM R. OPPERMAN 03/24/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name GRUBER, DALE Name CORNWALL, SCOT

Address THE TRIANGLE CONNECTION, INC. Address THE TRIANGLE CONNECTION, INC.

P. O. BOX 382 P. O. BOX 382

City-State-Zip: MOUNT DORA FL 32756 City-State-Zip: MOUNT DORA FL 32756

Title VP Title SECRETARY, TREASURER

Name FREEMAN, BRUCE Name OPPERMAN, WILLIAM R

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City-State-Zip: MOUNT DORA FL 32756 City-State-Zip: MOUNT DORA FL 32756

Title DIRECTOR Title DIRECTOR

Name BETSON, RICHARD Name LEBLANC, MICHAEL

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TitleDIRECTORTitleDIRECTORNameWHITMAN, PATNameSOCALL, PAT

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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 SECRETARY, 03/24/2017
TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 24, 2017

Secretary of State

CC4909005925

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameKING, SHANNONNameCUSIC, BRUCE

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