

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002038

Entity Name: THE TRIANGLE CONNECTION, INC.**Current Principal Place of Business:**

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

Current Mailing Address:

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

FEI Number: 26-2129404**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

CORNWALL, SCOT J
30843 MISSION AVE.
TAVARES, FL 32778 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SCHORMANN, CHARLES
Address 36927 CR 439
City-State-Zip: EUSTIS FL 32736

Title DIRECTOR
Name FENNINGER, P. EDWARD
Address 36927 CR 439
City-State-Zip: EUSTIS FL 32736

Title VP
Name CORNWALL, SCOT J
Address 30843 MISSION AVE.
City-State-Zip: TAVARES FL 32778

Title SECRETARY, TREASURER
Name OPPERMAN, WILLIAM R
Address 30843 MISSION AVE.
City-State-Zip: TAVARES FL 32778

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

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

Title DIRECTOR
Name WHITMAN, PAT
Address C/O SCOT CORNWALL
30843 MISSION AVE.
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name SOCALL, PAT
Address C/O SCOT CORNWALL
30843 MISSION AVE
City-State-Zip: TAVARES FL 32778

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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/TREASURER 01/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRUBER, DALE
Address 43920 SUNSET DRIVE
City-State-Zip: PAISLEY FL 32767

Title DIRECTOR
Name FREEMAN, BRUCE
Address 43920 SUNSET DR.
City-State-Zip: PAISLEY FL 32767