

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 18, 2009**  
**Secretary of State**

DOCUMENT# 734020

**Entity Name:** FOREST OF THE UNICORN CLUB, INC.**Current Principal Place of Business:**4500 SHERWOOD TRACE  
GAINESVILLE, FL 32605**New Principal Place of Business:****Current Mailing Address:**4500 SHERWOOD TRACE  
GAINESVILLE, FL 32605**New Mailing Address:****FEI Number:** 59-1803730**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HOPE A BICE  
408 W UNIV AVE STE 408  
GAINESVILLE, FL 32601 US**Name and Address of New Registered Agent:**MILLER, BARBARA  
4500 SHERWOOD TRACE  
GAINESVILLE, FL 32605 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: BARBARA MILLER

06/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** BLEICHFELD, CAROL  
**Address:** 4500 SHERWOOD TR  
**City-St-Zip:** GAINESVILLE, FL**Title:** D ( ) Delete  
**Name:** RENOLDS, JEFF  
**Address:** 4441 BLACK FOREST WAY  
**City-St-Zip:** GAINESVILLE, FL 32605**Title:** P ( ) Delete  
**Name:** THEROUX, JAMES  
**Address:** 4501 SHERWOOD TR  
**City-St-Zip:** GAINESVILLE, FL 32605**Title:** SD ( ) Delete  
**Name:** MILLER, BARBARA  
**Address:** 2509 BIRNAM WOODS WAY  
**City-St-Zip:** GAINESVILLE, FL 32605**Title:** VD ( ) Delete  
**Name:** STERN, RAY  
**Address:** 4437 BLACK FOREST WAY  
**City-St-Zip:** GAINESVILLE, FL 32605**Title:** VP ( ) Delete  
**Name:** FORSYTH, PAULA  
**Address:** 4403 BLACK FOREST WAY  
**City-St-Zip:** GAINESVILLE, FL 32605**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** THEROUX, JAMES  
**Address:** 4500 SHERWOOD TR  
**City-St-Zip:** GAINESVILLE, FL 32605**Title:** VP (X) Change ( ) Addition  
**Name:** STERN, RAY  
**Address:** 4500 SHERWOOD TRACE  
**City-St-Zip:** GAINESVILLE, FL 32605**Title:** TD (X) Change ( ) Addition  
**Name:** BENEDIK, BETTE  
**Address:** 4500 SHERWOOD TR  
**City-St-Zip:** GAINESVILLE, FL 32605**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** CAROL, BLEICHFELD  
**Address:** 4500 SHERWOOD TRACE  
**City-St-Zip:** GAINESVILLE, FL 32605**Title:** D (X) Change ( ) Addition  
**Name:** CONNELLY, BOB  
**Address:** 4500 SHERWOOD TRACE  
**City-St-Zip:** GAINESVILLE, FL 32605

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: BARBARA MILLER

SEC

06/18/2009

Electronic Signature of Signing Officer or Director

Date