

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752671

FILED
Apr 15, 2009
Secretary of State

Entity Name: GAINESVILLE SUZUKI PLAYERS, INC.

Current Principal Place of Business:

GAINESVILLE SUZUKI PLAYERS
3415 NW 10TH AVE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

GAINESVILLE SUZUKI PLAYERS
3415 NW 10TH AVE
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-2088069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KITTS, SONNHILD F.
3415 N.W. 10TH AVE.
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

SONNHILD KITTS
3415 NW 10TH AVE
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: SONNHILD KITTS

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GOLDBERG, JEFFERY
Address: 16114 NW 32ND AVE
City-St-Zip: NEWBERRY, FL 32669

Title: M () Delete
Name: DERRICO, DAVID
Address: 3716 NW 7TH AVE
City-St-Zip: GAINESVILLE, FL

Title: TD () Delete
Name: RUDIN, ALICIA
Address: 3240 NW 27TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Delete
Name: KRUEGER, CHARLENE
Address: 3415 NW 10TH AVE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALICIA RUDIN

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date