

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762981

FILED
Apr 11, 2009
Secretary of State

Entity Name: THE TRIANGLE CLUB OF GAINESVILLE, FLORIDA, INC.

Current Principal Place of Business:

1005 S.E. 4TH AVENUE
GAINESVILLE, FL 326013975

New Principal Place of Business:

Current Mailing Address:

1005 S.E. 4TH AVENUE
GAINESVILLE, FL 326013975

New Mailing Address:

FEI Number: 59-2890418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBELL, SUSAN
5130 NW 48TH TERRACE
GAINESVILLE, FL 32606 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: T () Delete
Name: ROBELL, SUSAN
Address: 5130 NW 48TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: V () Delete
Name: HENDRICKSON, DAWN
Address: 2571 SE 27TH ST
City-St-Zip: GAINESVILLE, FL 32641

Title: P () Delete
Name: ANDE, M. JOSEPH
Address: 8140 SE 73RD DR
City-St-Zip: GAINESVILLE, FL 32641

Title: S () Delete
Name: CANNON, PAMELA J
Address: 1723 NW 39TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: GREEN, RUBY
Address: 2915 NW 17TH DR
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: COLVIN, PATRICIA
Address: 1116 NE 12TH AVE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: CANNON, PAM
Address: 1723 NW 39TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: P (X) Change () Addition
Name: ANDE, M. JOSEPH
Address: 1101 NW 39TH AVE., E-36
City-St-Zip: GAINESVILLE, FL 32609-195

Title: S (X) Change () Addition
Name: HIPE, LAURA
Address: 6622 NW 52ND TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: D (X) Change () Addition
Name: BRAHIM, MARK
Address: 1508 SW WILLISTON RD.
City-St-Zip: GAINESVILLE, FL 32608

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: SUSAN ROBELL

T

04/11/2009

Electronic Signature of Signing Officer or Director

Date