2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

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Entity Name: FRANCES E. WHITAKER SERENITY TRIANGLE CLUB INC

Current Principal Place of Business:

704 E ROBINSON AVE
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

704 E ROBINSON AVE
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 30-0053847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEYERS, JEFFERY O
5944 CREEKSIDE CIRCLE
CRESTVIEW, FL 32536 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: PD ( ) Delete
Name: HENDERSHOT, JERRY L
Address: 30 REGENT, RD
City-St-Zip: CRESTVIEW, FL 32539

Title: VD ( ) Delete
Name: MILLS, JUDY L
Address: 1451 COREMO DR
City-St-Zip: CRESTVIEW, FL 32539

Title: S ( ) Delete
Name: JOSEY, DARLENE R
Address: 3156 ZADIE LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: AT ( ) Delete
Name: JOSEY, DARLENE R
Address: 3156 ZADIE LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete
Name: WHITAKER, WARREN S
Address: 5403 FAIRCHILD RD
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: HANNER, TINA
Address: 5342 HILLCREST
City-St-Zip: CRESTVIEW, FL 32539

Title: S (X) Change ( ) Addition
Name: DENNY, SUSAN
Address: 8440 HIGHWAY 1087
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: JERRY L. HENDERSHOT PD 04/10/2009

Electronic Signature of Signing Officer or Director — Date