

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005634

FILED
Jul 17, 2006
Secretary of State

Entity Name: TRIUNE TRAVEL COACH, INC.

Current Principal Place of Business:

521 CAROLINA AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

521 CAROLINA AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-1335275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCDONALD, GLORIA
521 CAROLINA AVE
WINTER PARK, FL 32789 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCDONALD, GLORIA
Address: 521 CAROLINA AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: JOHNSON, REGINA
Address: 10077 SPRING SINK RD
City-St-Zip: TALLAHASSEE, FL 32805

Title: D () Delete
Name: JOHNSON, ANTONIO
Address: 10077 SPRING SINK RD
City-St-Zip: TALLAHASSEE, FL 32805

Title: D () Delete
Name: WILSON, TANGALA
Address: 1800 HAGEN RD
City-St-Zip: ST CLOUD, FL 32836

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 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: GLORIA MCDONALD

P

07/17/2006

Electronic Signature of Signing Officer or Director

Date