

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005634

FILED  
Sep 05, 2007  
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: P      (X) Change ( ) Addition  
Name: MCDONALD, GLORIA  
Address: 521 CAROLINA AVE  
City-St-Zip: WINTER PARK, FL 32789

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: GLORIA MCDONALD

P

09/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date