2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-02-2007 90026 040 ****70.00

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1. Entity Name

GAINESVILLE BRIDGE CLUB, INC.

Principal Place of Business	Mailing Address
4225 NW 34TH ST GAINESVILLE FL 32605	4225 NW 34TH ST GAINESVILLE FL 32605

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	Gainesville Bridge Club c/o Carolyn Schoenau, TR
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5278 SW 24 DR
City & State	City & State Gainesville FL
Zip / Country	Zip / Country 32608 / Alachua

4. FEI Number 59 2001618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRAFT, BONNIE 2620 NW 27TH TERRACE GAINESVILLE FL 32605	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAFT, BONNIE 2620 NW 27TH TERRACE GAINESVILLE FL 32605	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALENIK, GUS 1215 NW 109TH DR ACE GAINESVILLE FL 32606	☒ Delete	Director Adrian Dowell 2200 NW 20Terr Gainesville FL 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHONAU, CAROLYN P O BOX 12981 GAINESVILLE FL 32604	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, MARY 2036 NW 18TH LN GAINESVILLE FL 32605	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAPEC, DAVID 8436 NW 6TH AVE GAINESVILLE FL 32607	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, MARJORIE 2250 NW 20 CT E GAINESVILLE FL 32605	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn Schoenau Carolyn Schoenau, Treasurer 2/22/2007 352-372-6587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #