2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007606

Entity Name: GAINESVILLE BRIDGE CLUB, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4225 NW 34TH ST GAINESVILLE, FL 32605							
Current Mailing Address:				New Mailing Address:			
GAINESVILLE BRIDGE CLUB C/O CAROLYN SCHOENAUE, 5278 SW 24 DR. GAINESVILLE, FL 32608				GAINESVILLE BRIDGE CLUB C/O MARCIA BUCHANAN 4229 NW 43 ST, #C-17 GAINESVILLE, FL 32606 US			
FEI Number: 57-2001618 FEI Number Applied For ()		FEI Num	ber Not Appli	cable ()	Certificate of Status	Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							gent:
KRAFT, BONNIE 2620 NW 27TH TERRACE GAINESVILLE, FL 32605 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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E KRAFT, BONNIE 2620 NW 27TH T GAINESVILLE, FI			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () E DOVELL, ADRIAN 2200 NW 20 TER GAINESVILLE, FI	R.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () E BEAN, MIKE 7624 SW 9TH PL GAINESVILLE, FI			Title: Name: Address: City-St-Zip:	D (X) MEDLOCK, MAR 4431 NW 19TH GAINESVILLE, F	AVENUE	
Title: Name: Address: City-St-Zip:	D () E WHITE, MARY 2036 NW 18TH L GAINESVILLE, FI			Title: Name: Address: City-St-Zip:	D (X) WHITE, MARY 4329 NW 10TH GAINESVILLE, F		
Title: Name: Address: City-St-Zip:	D ()E WEATHERBY, JA 7010 SW 29TH V GAINESVILLE, FI	VAY		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () E GREEN, MARJOR 2250 NW 20 CT E GAINESVILLE, FI	Ξ		Title: Name: Address: City-St-Zip:	D (X) BUCHANAN, MA 4229 NW 43RD GAINESVILLE, F	ST, #C-17	

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: MARCIA BUCHANAN D 03/11/2009