

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007606

FILED  
Apr 09, 2011  
Secretary of State

**Entity Name:** GAINESVILLE BRIDGE CLUB, INC.

**Current Principal Place of Business:**

4225 NW 34TH ST  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

7483 SW 88TH ST  
GAINESVILLE, FL 32608

**Current Mailing Address:**

GAINESVILLE BRIDGE CLUB, INC.  
C/O MARCIA BUCHANAN 4229 NW 43 ST, C-17  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

GAINESVILLE BRIDGE CLUB, INC.  
C/O LAURA SJOBERG, 7483 SW 88TH ST  
GAINESVILLE, FL 32608 US

**FEI Number:** 57-2001618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAFT, BONNIE  
2620 NW 27TH TERRACE  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

SJOBERG, LAURA  
7483 SW 88TH STREET  
GAINESVILLE, FL 32608 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: LAURA SJOBERG

04/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KRAFT, BONNIE  
Address: 2620 NW 27TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: DOVELL, ADRIAN  
Address: 2200 NW 20 TERR.  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: BROWN, CAROLYN  
Address: 1752 NW FRONTIER DRIVE  
City-St-Zip: LAKE CITY, FL 32055

Title: D  
Name: WHITE, MARY  
Address: 4329 NW 10TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: WEATHERBY, JANE  
Address: 7010 SW 29TH WAY  
City-St-Zip: GAINESVILLE, FL 32608

Title: D  
Name: BUCHANAN, MARCIA  
Address: 4229 NW 43RD ST, #C-17  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: LAURA SJOBERG

DR

04/09/2011

Electronic Signature of Signing Officer or Director

Date