## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000004872

FILED Apr 29, 2011 Secretary of State

Entity Name: CLARINDA TRIANGLE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1807 W. WRIGHT ST. PENSACOLA, FL 32501

Current Mailing Address: New Mailing Address:

P.O. BOX 18534

PENSACOLA, FL 32523 US

FEI Number: 26-0193352 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HUSTON, GARY W 125 W. ROMANA STREET SUITE 800 PENSACOLA, FL 32502 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: PD

 Name:
 WADE, KATHERINE D

 Address:
 1807 W. WRIGHT ST.

 City-St-Zip:
 PENSACOLA, FL 32501 US

Title:

Name: MCCREARY, SANDRA
Address: POST OFFICE BOX 11732
City-St-Zip: PENSACOLA, FL 32524 US

Title:

Name: CLARK, CATHERINE PASTOR
Address: 868 AMBERWOOD DR.
City-St-Zip: PENSACOLA, FL 32506 US

Title: S/D

Name: LAMPKINS, BERTHA MAE Address: 2817 HILLCREST AVENUE City-St-Zip: PENSACOLA, FL 32526 US

Title: [

 Name:
 MOHRHERR, CARL

 Address:
 3613 SWEET BAY DRIVE

 City-St-Zip:
 PACE, FL 32571 US

Title: [

 Name:
 SWANN, GRADY

 Address:
 3210 BARRANCAS AVE.

 City-St-Zip:
 PENSACOLA, FL 32507 US

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: KATHERINE D. WADE P 04/29/2011