

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008211

FILED  
Jul 07, 2008  
Secretary of State

**Entity Name:** HEART OF DARKNESS GOTHIC SOCIAL CLUB, INCORPORATED

**Current Principal Place of Business:**

205 SE 16 AVE., 8C  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

2323 NW 69TH TERRACE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

205 SE 16 AVE., 8C  
GAINESVILLE, FL 32601

**New Mailing Address:**

2323 NW 69TH TERRACE  
GAINESVILLE, FL 32606

**FEI Number:** 26-0671005      **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:**

MITCHELL, PATRICE  
205 SE 16 AVE., 8C  
GAINESVILLE, FL 32601      US

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

REED, SMITH A PR.  
2323 NW 69TH TERRACE  
GAINESVILLE, FL 32606      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: SMITH REED

07/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CARPENTER, LUCINDA  
Address: 2807 NE 53 CT  
City-St-Zip: GAINESVILLE, FL 32608

Title: D      ( ) Delete  
Name: MITCHELL, BARRY  
Address: 749 MARGARET DR.  
City-St-Zip: LAKE CITY, FL 32025

Title: D      ( ) Delete  
Name: MITCHELL, PATRICE  
Address: 205 SE 16 AVE., 8C  
City-St-Zip: GAINESVILLE, FL 32601

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP      (X) Change ( ) Addition  
Name: SMITH, AMANDA S SMITH R  
Address: 6519 W NEWBERRY RD, APT. 505  
City-St-Zip: GAINESVILLE, FL 32603

Title: SEC1      (X) Change ( ) Addition  
Name: YBARRA, JASON S SMITH R  
Address: 6519 W NEWBERRY RD, APT. 303  
City-St-Zip: GAINESVILLE, FL 32603

Title: TRS.      (X) Change ( ) Addition  
Name: COLLINS, MEREDITH  
Address: 2323 NW 69TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: SEC2      ( ) Change (X) Addition  
Name: YBARRA, RIVER  
Address: 6519 W NEWBERRY RD, APT. 303  
City-St-Zip: GAINESVILLE, FL 32603

Title: PR.      ( ) Change (X) Addition  
Name: REED, SMITH  
Address: 2323 NW 69TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: MEM.      ( ) Change (X) Addition  
Name: WATSON, MARIBETH  
Address: 6519 W NEWBERRY RD, APT. 505  
City-St-Zip: GAINESVILLE, FL 32603

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: MEREDITH COLLINS

TRS.

07/07/2008

Electronic Signature of Signing Officer or Director

Date