

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008211

FILED
May 01, 2009
Secretary of State

Entity Name: HEART OF DARKNESS GOTHIC SOCIAL CLUB, INCORPORATED

Current Principal Place of Business:

2323 NW 69TH TERRACE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

2323 NW 69TH TERRACE
GAINESVILLE, FL 32606

New Mailing Address:

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:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC1 (X) Change () Addition
Name: AHO, JOHN
Address: PO BOX 143012
City-St-Zip: GAINESVILLE, FL 32614

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: SEC2 (X) Change () Addition
Name: GOSEN, MARK
Address: 6519 W NEWBERRY RD, APT. 515
City-St-Zip: GAINESVILLE, FL 32603

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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.

05/01/2009

Electronic Signature of Signing Officer or Director

Date