

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006500

FILED
May 01, 2009
Secretary of State

Entity Name: TRIANGLE RECOVERY UNITED, INC.

Current Principal Place of Business:

6560 SWISSCO DR., APT. 324
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

6560 SWISSCO DR., APT. 324
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 38-3787884 **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:

MORRIS, MICHAEL E.
1036 N. MILLS AVE.
ORLANDO, FL 32853 US

Name and Address of New Registered Agent:

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: DC () Delete
Name: JARRETT, JASON G.
Address: 3812 IBIS DR.
City-St-Zip: ORLANDO, FL 32801

Title: DVC () Delete
Name: FISHER, TRACY
Address: 1208 CLOVERLAWN AVE.
City-St-Zip: ORLANDO, FL 32806

Title: DT () Delete
Name: DUKE, GREG
Address: 150 E. ROBINSON ST., #2702
City-St-Zip: ORLANDO, FL 32801

Title: DS () Delete
Name: FERGUSON, MARK
Address: 6560 SWISSCO DR., APT. 324
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: FUENTES, NELSON M.
Address: 636 S. BUMBY AVE.
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: RIOS, SYLVIA H.
Address: 446 DREXEL RIDGE CIR.
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: GREG DUKE

DT

05/01/2009

Electronic Signature of Signing Officer or Director

Date