

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 24, 2011
Secretary of State

Entity Name: TRIANGLE RECOVERY UNITED, INC.

Current Principal Place of Business:

3812 IBIS DR
ORLANDO, FL 32803

New Principal Place of Business:

8225 CARAWAY DRIVE
ORLANDO, FL 32819

Current Mailing Address:

3812 IBIS DR
ORLANDO, FL 32803

New Mailing Address:

8225 CARAWAY DRIVE
ORLANDO, FL 32819

FEI Number: 38-3787884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, MICHAEL E.
419 N. MAGNOLIA AVENUE.
ORLANDO, FL 32801 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
Name: REED, BATES
Address: 8225 CARAWAY DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: DC
Name: HARRIS, ALLAN
Address: 4436 CRANSTON PLACE
City-St-Zip: ORLANDO, FL 32812

Title: DS
Name: BRIGNOLO, THOMAS
Address: 4436 CRANSTON PLACE
City-St-Zip: ORLANDO, FL 32812

Title: DT
Name: ODOM, PAUL
Address: 100 W. GRANT STREET, APT 5017
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: RIOS, SYLVIA H
Address: 446 DREXEL RIDGE CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D
Name: KLEDZIK, MARK J
Address: 8225 CARAWAY DRIVE
City-St-Zip: ORLANDO, FL 32819

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: BATES REED

DC

02/24/2011

Electronic Signature of Signing Officer or Director

Date