

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17374

FILED
Apr 25, 2009
Secretary of State

Entity Name: INTERGROUP DISTRICT 17, INC.

Current Principal Place of Business:

3666 NE 25TH STREET, #A
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

3666 NE 25TH STREET, #A
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3408982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODING, W J III
GILLIAGAN, KING, GOODING & GIFFORD PA
153 SE 36 AVE
OCALA, FL 34471 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: C () Delete
Name: NIX, HENRY J
Address: 52 BAHIA TRACE CIR
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: WARD, KEN
Address: 12 CARRY BACK RD
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: LANZ, ROBERT
Address: 4823 SE 11TH PL
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: NIX, MARGARET M
Address: 52 BAHIA TRACE CIR
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: QUINONES-D'BRASSIS, RAFAEL
Address: 29 PECAN LOOP
City-St-Zip: OCALA, FL 34472

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: HENRY J. NIX

C

04/25/2009

Electronic Signature of Signing Officer or Director

Date