2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43500

Entity Name: THE GALAA RAINBOW CLUB, INC.

FILED Feb 07, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3644 B SOUTH HENDERSON BLVD. 3644 B SOUTH HENDERSON BLVD.

TAMPA, FL 33604 US TAMPA, FL 33609 US

Current Mailing Address: New Mailing Address:

108 W. MINNEHAHA ST. TAMPA, FL 33604 US

FEI Number: 59-3061779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEACH, WILLIAM P 108 W. MINNEHAHA ST. TAMPA, FL 33604 US

OFFICERS AND DIRECTORS:

PARRA, PEDRO

4309 CENTRAL AVE.

TAMPA, FL 33603 US

Name:

Address:

City-St-Zip:

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

Electronic Signature of Registered A

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DT () Delete Title: D/P (X) Change () Addition

 Name:
 GOLDSMITH, CHRIS
 Name:
 JOHNSON, MARK

 Address:
 1500 S. ARAWANA AVE.
 Address:
 1119 JERRY SMITH ROAD

 City-St-Zip:
 TAMPA, FL 33629 US
 City-St-Zip:
 DOVER, FL 33527 US

Title: DV () Delete Title: D/VP (X) Change () Addition Name: HEGER, CHRIS Name: PARRA, PEDRO

Address: 2406 E. JACKSON ST. Address: 4309 CENTRAL AVE.
City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: TAMPA, FL 33603 US

 $\label{eq:title:problem} \mbox{Title:} \qquad \mbox{DP} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D/T} \qquad \mbox{(X) Change () Addition}$

 Name:
 JOHNSON, MARK
 Name:
 GOLDSMITH, CHRIS

 Address:
 1119 JERRY SMITH RD.
 Address:
 1500 S. ARAWANA AVE.

 City-St-Zip:
 DOVER, FL 33527 US
 City-St-Zip:
 TAMPA, FL 33629 US

Title: DS () Delete Title: D/VT (X) Change () Addition

 Name:
 LEACH, WILLIAM P
 Name:
 LEACH, WILLIAM P

 Address:
 108 W. MINNEHAHA ST.
 Address:
 108 W. MINNEHAHA ST.

 City-St-Zip:
 TAMPA, FL 33604 US
 City-St-Zip:
 TAMPA, FL 33604 US

Name: MAXWELL, STAN Name: VITALE, MARIE

 Address:
 3211 W. SWANN AVE., UNIT 905
 Address:
 11863 SKYLAKE PLACE, UNIT L

 City-St-Zip:
 TAMPA, FL 33609 US
 City-St-Zip:
 TEMPLE TERRACE, FL 33617 US

Title: D () Delete Title: D/VS (X) Change () Addition

Name: EDWARDS, TODD
Address: 206 W. ALFRED ST.
City-St-Zip: TAMPA, FL 33603 US

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: WILLIAM P. LEACH D/VT 02/07/2009