## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002365

Entity Name: PLEASANT PLACE, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

732 N.W. 4TH ST

GAINESVILLE, FL 32601 US

Current Mailing Address: New Mailing Address:

408 W. UNIVERSITY AVE 408 W. UNIVERSITY AVE

SIXTH FLOOR SUITE #203

GAINESVILLE, FL 32601 US GAINESVILLE, FL 32601 US

FEI Number: 59-3171585 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

PALMER, STUART
3870 NW 83RD ST
23825 NW THIRD AVE.

GAINESVILLE, FL 32606 US NEWBERRY, FL 32669 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: 04/29/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: CH ( ) Delete Title: CH (X) Change ( ) Addition

 Name:
 PALMER, STUART
 Name:
 PALMER, STUART

 Address:
 3870 NW 83RD ST
 Address:
 23825 NW THIRD AVE.

 City-St-Zip:
 GAINESVILLE, FL 32609 US

Title: VCH ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FERGUSON, DOROTHY
 Name:

 Address:
 4123 NW 16TH DRIVE
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 THOMPSON, CHRONDA
 Name:
 THOMPSON, CHRONDA

 Address:
 1105 FT. CLARKE BLVD APT 1412
 Address:
 5206 NW 8TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32609
 City-St-Zip:
 GAINESVILLE, FL 32605

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: STUART PALMER CH 04/29/2009