

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003802

FILED
Apr 18, 2009
Secretary of State

Entity Name: GAINESVILLE CHESS CLUB, INC.

Current Principal Place of Business:

3539 NW 39TH AVENUE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

P OBOX 12197
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 58-2082804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIZUB, DONNA
11217 NW 36TH AVENUE
GAINESVILLE, FL 32606 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: PD () Delete
Name: KAPLAN-STEIN, ROBERT
Address: 13429 NW 32ND PL
City-St-Zip: GAINESVILLE, FL

Title: VD () Delete
Name: PYNE, GEORGE
Address: 3539 NW 39TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: TS () Delete
Name: BIZUB, DONNA
Address: 11217 NW 36TH AVENUE
City-St-Zip: GAINESVILLE, FL 32606

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:

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: DONNA BIZUB

TS

04/18/2009

Electronic Signature of Signing Officer or Director

Date