

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000044884

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** TRIANGLE CHRISTIAN CHILDREN'S CENTER, INCORPORATED

**Current Principal Place of Business:**

7012 PALISADE DRIVE  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

7012 PALISADE DRIVE  
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number:** 59-3189671      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

GEORGE, EVELYN T.  
7239 TOUCAN TRAIL  
SPRING HILL, FL 34606      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: GEORGE, EVELYN  
Address: 7239 TOUCAN TRAIL  
City-St-Zip: SPG HILL, FL 34606

Title: DS  
Name: COSSETTE, NANCY R  
Address: 9406 GLEN MOOR LANE  
City-St-Zip: PORT RICHEY, FL 34668

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NANCY COSSETTE

DIR

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date