GAINESVILLE,	FL 32009			
Current Mailing Address:				
2110 NE 9TH GAINESVILL	HST E, FL 32609 US			
FEI Number: 47-4096615			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
TURCOTTE, CORINNE 6129 NW 36TH DRIVE GAINEVILLE, FL 32653 US				
The above named	entity submits this statement for the purpose of changing its regis	tered office or regis	ered agent, or both, in the State of Flo	orida.
	entity submits this statement for the purpose of changing its regist	tered office or regis	ered agent, or both, in the State of Flo	orida. 02/24/2022
		tered office or regis	ered agent, or both, in the State of Flo	
	CORINNE TURCOTTE	tered office or regisi	ered agent, or both, in the State of Flo	02/24/2022
SIGNATURE	CORINNE TURCOTTE	tered office or regist	ered agent, or both, in the State of Flo	02/24/2022
SIGNATURE	CORINNE TURCOTTE Electronic Signature of Registered Agent Ctor Detail :			02/24/2022
SIGNATURE Officer/Direc Title	CORINNE TURCOTTE Electronic Signature of Registered Agent Ctor Detail : TREASURER	Title	SECRETARY	02/24/2022
SIGNATURE Officer/Direc Title Name Address	CORINNE TURCOTTE Electronic Signature of Registered Agent Ctor Detail : TREASURER TURCOTTE, CORINNE	Title Name	SECRETARY FRITZ, ROBERT 7032 SW 46TH AVE	02/24/2022
SIGNATURE Officer/Direc Title Name Address	CORINNE TURCOTTE Electronic Signature of Registered Agent Ctor Detail : TREASURER TURCOTTE, CORINNE 6129 NW 36TH DR.	Title Name Address	SECRETARY FRITZ, ROBERT 7032 SW 46TH AVE	02/24/2022
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	CORINNE TURCOTTE Electronic Signature of Registered Agent Cor Detail : TREASURER TURCOTTE, CORINNE 6129 NW 36TH DR. GAINESVILLE FL 32653	Title Name Address City-State-Zip:	SECRETARY FRITZ, ROBERT 7032 SW 46TH AVE GAINESVILLE FL 32608	02/24/2022

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

SIGNATURE: CORINNE TURCOTTE

City-State-Zip: GAINESVILLE FL 32609

Electronic Signature of Signing Officer/Director Detail

# TREASURER

City-State-Zip: GAINESVILLE FL 32601

02/24/2022 Date

FILED Feb 24, 2022 **Secretary of State** 7441284971CC

## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N1500003926

### Entity Name: AMERICAN OUTLAWS GAINESVILLE CHAPTER, INC.

# **Current Principal Place of Business:**

2110 NE 9TH ST GAINESVILLE. FL 32609