


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 736214
 1. Entity Name
 THE GILL FOUNDATION, INC.



Principal Place of Business Mailing Address
 1140 SEABREEZE BLVD. PO BOX 21277
 FT. LAUDERDALE, FL 33334 FT. LAUDERDALE, FL 33335

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01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-1677886 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 VALDES-FAULI CORPORATE SERVICES, INC.
 500 EAST BROWARD BLVD., SUITE 1400
 FT. LAUDERDALE, FL 33394

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCPT
NAME	GILL, GEORGE W, JR
STREET ADDRESS	1749 SE 13TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	DV
NAME	BORKOWSKI, MICHAEL
STREET ADDRESS	190 SOUTHEAST 19TH AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	DVS
NAME	GILL, LINDA LOUISE
STREET ADDRESS	1749 SE 13TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/21/05-80003-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Gill* 1/11/05 (954) 525-3457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #