

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 736214

1. Entity Name

THE GILL FOUNDATION, INC.



Principal Place of Business

1500 CORODVA RD STE 214
FORT LAUDERDALE FL 33316

Mailing Address

PO BOX 21277
FT. LAUDERDALE FL 33335



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1677886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
500 EAST BROWARD BLVD., SUITE 1400
FT. LAUDERDALE FL 33394

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE
NAME
GILL, GEORGE W, JR
STREET ADDRESS
1749 SE 13TH ST
CITY ST ZIP
FORT LAUDERDALE FL 33334

☐ Delete

TITLE
NAME
BORKOWSKI, MICHAEL
STREET ADDRESS
190 SOUTHEAST 19TH AVE
CITY ST ZIP
POMPANO BEACH FL 33060

☐ Delete

TITLE
NAME
GILL, LINDA LOUISE
STREET ADDRESS
1749 SE 13TH ST
CITY ST ZIP
FORT LAUDERDALE FL 33334

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

U00000004422
01/29/07-80053-014 61.25

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07 (954) 525-3451

Date

Daytime Phone if