2004 NOT-FOR-PROFIT CORPORATION

FILED Apr 12, 2004 8:00 am

| - | | ANNUAL | Secretary of State | | | | | | | |
|--|------------------------------|--|---------------------|---|--|-----------------------|---|-----------------------------------|----------------------------|------------|
| DOCUMENT # N0000008407 1. Entity Name GARM FOUNDATION, INC. | | | | | | | | 04-12-2004 9029 | | |
| 3401 GULFSHORE BLVD N 581 #601 SUIT | | | 5811 P SUITE 6 | lailing Address 5811 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108 | | | | | | |
| 2. Principal Place of Business 3. N | | | 3. Mailing | Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, | Suite, Apt. #, etc. | | | 02192004 _{CI} | ng-NP CR2E | E037 (10/03) | |
| City & State | | | City & State | | | | 4. FEI Number 59-368684 | 8 . | | plied For |
| Žip | Zip Country | | Zip | Zip Cou | | y | | | \$8.75 Add Fee Required | iitional |
| . بالمنتشق سد | 6. Name | and Address of Current R | egistered / | \gent ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | ** | 7. Name and Add | ress of New Registere | d Agent | |
| EOM ED | WHITE B | IOGGS BANKED DA | | | 1 | lame | | | | |
| FOWLER, WHITE, BOGGS BANKER P.A. 5811 PELICAN BAY BLVD | | | | | - 5 | Street Address | (P.O. Box Number is I | Not Acceptable) | | |
| SUITE 600 | | | | | | | | | | |
| NAPLES, I | FL 34108 | | | | | | | | | |
| | | | | | | City | | F | L Zip Code | 9 |
| | tions of regist | | | | registered o | office or registe | ered agent, or both, in | the State of Florida. I a | m familiar with, | and accept |
| | Signature, typed | or printed name of registered agent an | d title if applicat | ole. (NOTE | Registered Age | ent signature require | ed when reinstating) | OATE | <u> </u> | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | | | | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | |
| 10. | | OFFICERS AND DIRE | CTORS | | 11. | | ADDITIONS/CHANG | ES TO OFFICERS AND I | DIRECTORS IN | 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3401 GUL | ROLAND L FSHORE BLVD. N. #601 FL 34103 | I | Delete | TITLE NAME STREET AT | 1 | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MILLER, A 3401 GUL | | I | ☐ Delete | TITLE NAME STREET AU CITY-ST- | l l |) | | A Change | Addition |
| TITLE NAME STREET ADDRESS | | T. JEAN, CHRISTINE | | ☐ Delete | TITLE MAME STREET AL | - / | D | Andrew | Change | Addition |
| CITY-ST-ZIP | KENSING | TON, NH - 03827 03 | <i>3833</i> | | CITY-ST- | ZIP | | | | |
| TATLE NAME STREET ADDRESS CITY-ST-ZIP | | | | □ Delete | TITLE NAME STREET AL CITY-ST- | DORESS ZIP | ICOLE S 8 STUMP KENSINGT | T. JEAH FIELD ROP SM , MH 3 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | TITLE NAME STREET ACCOUNTY-ST- | DDRESS | | | Change ☐ | _ |
| FITLE NAME | | | | ☐ Delete | TITLE NAME | ADDECC | | | · Change | ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

| | - |
|-------------|---|
| SIGNATURE: | |
| SIGNAL ONE. | |

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

W. MILLER AHN

Date

239-261-22P9
Daytime Phone #