

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006345

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: GENERAL ROBERT H. & K. EVELYN GAUGHAN MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

4048 SUMMERWOOD AVENUE  
ORLANDO, FL 328127942

**New Principal Place of Business:**

11472 64TH AVENUE N  
SEMINOLE, FL 33772

**Current Mailing Address:**

11472 64TH AVENUE N  
SEMINOLE, FL 33772

**New Mailing Address:**

FEI Number: 22-3869440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SKALSKI, JOSEPH C  
13770 58TH STREET N.  
STE. 304  
CLEARWATER, FL 33760 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: S/T ( ) Delete  
Name: FRITZ, SUSAN A  
Address: 13702 76TH TERRACE N.  
City-St-Zip: SEMINOLE, FL 33776

Title: V ( ) Delete  
Name: GAUGHAN, MICHAEL J  
Address: 4048 SUMMERWOOD AVE  
City-St-Zip: ORLANDO, FL 328127942

Title: P ( ) Delete  
Name: GAUGHAN, PATRICK J  
Address: 11472 64TH AVE. N  
City-St-Zip: SEMINOLE, FL 33772

Title: D ( ) Delete  
Name: SKALSKI, JOSEPH C CPA,JD  
Address: 6849 PEACHTREE DUNWOODY ROAD  
City-St-Zip: ATLANTA, GA 30328

Title: D ( ) Delete  
Name: FRITZ, GEORGE  
Address: 13702 76TH TERRACE N.  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SKALSKI, JOSEPH C CPA,JD  
Address: 6849 PEACHTREE DUNWOODY ROAD, A-2  
City-St-Zip: ATLANTA, GA 30328

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN A. FRITZ

S

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date