

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011430

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** THE GLOBAL SUPPLY CHAIN FORUM FOUNDATION, INC.

**Current Principal Place of Business:**

735 E. VENICE AVENUE  
SUITE 200  
VENICE, FL 34285

**New Principal Place of Business:**

735 E. VENICE AVENUE  
SUITE 200  
VENICE, FL 34285 US

**Current Mailing Address:**

P.O. BOX 2166  
PONTE VEDRA BEACH, FL 32004 21

**New Mailing Address:**

P.O. BOX 2166  
PONTE VEDRA BEACH, FL 32004 US

**FEI Number:** 20-1984377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BETTERTON, GREG A  
735 E. VENICE AVENUE  
SUITE 200  
VENICE, FL 34285 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: D  
Name: RIDENHOWER, GARY  
Address: 14740 VALLEY CRK. TRL. S.  
City-St-Zip: AFTON, MN 55001

Title: D  
Name: LAMBERT, DOUGLAS M  
Address: 120 MUIRFIELD DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D  
Name: GOOD, GREGORY S  
Address: 15407 MCGINTY ROAD WEST MS 31  
City-St-Zip: WAYZATA, MN 55391

Title: D  
Name: BLACKSTOCK, TOM  
Address: 5042 WILLEO ESTATES DRIVE  
City-St-Zip: MARIETTA, GA 30068

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: DOUGLAS M. LAMBERT

D

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date