



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90182 014 ****70.00

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|---|--|---|---|--|--|
| DOCUMENT # 719383 1. Entity Name JAKE GAITHER FOUNDATION, INCORPORATED | | | |  | |
| Principal Place of Business 212 YOUNG STREET TALLAHASSEE, FL 32301-5438 | | | Mailing Address 212 YOUNG STREET TALLAHASSEE, FL 32301-5438 | | |
| 2. Principal Place of Business 1335 Coleman St. | | 3. Mailing Address 1335 Coleman St. | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Tallahassee, Fl | | City & State Tallahassee, Fl. | | | |
| Zip 32310 | | Country Leon | | 4. FEI Number 59-3718544 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent NILES, R. NATHANIEL 304-B LINCOLN ST. TALLAHASSEE, FL 32301 | | | | 7. Name and Address of New Registered Agent Name Rudolph Givens Street Address (P.O. Box Number is Not Acceptable) 1335 Coleman City Tallahassee FL Zip Code 32310 | |
| 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 <u><i>Rudolph Givens</i></u> <u><i>Rudolph Givens</i></u> <u><i>4/21/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD THOMPSON, GEORGE H 3111 GALIMORE DR TALLAHASSEE, FL 32310 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NILES, R. NATHANIEL 304-B LINCOLN ST. TALLAHASSEE, FL 32301 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GUYTON, FLORENCE G 212 YOUNG ST TALLAHASSEE, FL 32301 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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. | | | | | |
| SIGNATURE: <u><i>Rudolph Givens</i></u> <u><i>Rudolph Givens</i></u> <u><i>4/21/05</i></u> <u><i>516 8628</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |