


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 719383</b> 1. Entity Name <b>JAKE GAITHER FOUNDATION, INCORPORATED</b>		
Principal Place of Business <b>1335 COLEMAN ST TALLAHASSEE, FL 32310</b>	Mailing Address <b>1335 COLEMAN ST TALLAHASSEE, FL 32310</b>	
DO NOT WRITE IN THIS SPACE		
<b>6. Name and Address of Current Registered Agent</b>  <b>GIVENS, RUDOLPH 1335 COLEMAN ST TALLAHASSEE, FL 32310</b>		DO NOT WRITE IN THIS SPACE
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>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>THOMPSON, GEORGE H 3111 GALIMORE DR TALLAHASSEE, FL 32310</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>NILES, R. NATHANIEL 304-B LINCOLN ST. TALLAHASSEE, FL 32301</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GUYTON, FLORENCE G 212 YOUNG ST TALLAHASSEE, FL 32301</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GIVENS, RUDOLPH 1335 COLEMAN ST TALLAHASSEE, FL 32310</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>4/26/06</u> <u>576-8628</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3718544</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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05/11/06-80060-018 70.00