


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # 719383 1. Entity Name JAKE GAITHER FOUNDATION, INCORPORATED	
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Principal Place of Business 1335 COLEMAN ST TALLAHASSEE, FL 32310	Mailing Address 1335 COLEMAN ST TALLAHASSEE, FL 32310
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DO NOT WRITE IN THIS SPACE



03082008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**GIVENS, RUDOLPH
1335 COLEMAN ST
TALLAHASSEE, FL 32310**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	03/27/08-80018-011 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, GEORGE H 3111 GALIMORE DR TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NILES, R. NATHANIEL 304-B LINCOLN ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUYTON, FLORENCE G 212 YOUNG ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIVENS, RUDOLPH 1335 COLEMAN ST TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **3/7/08** **\$8.75**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #