


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N00000005162</b>   |  |
| 1. Entity Name<br><b>THE ALVIN A. AND NORMA L. GOULD CHARITABLE FOUNDATION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>7344 POINT OF ROCKS ROAD<br/>SARASOTA FL 34242</b> | Mailing Address<br><b>7344 POINT OF ROCKS ROAD<br/>SARASOTA FL 34242</b> |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



1st MOORE CR2E037 (10/04)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0784091</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>H. GREG LEE, ESQUIRE<br/>2014 FOURTH STREET<br/>SARASOTA FL 34237</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|---|--|

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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GOULD, NORMA L<br>7344 POINT OF ROCKS ROAD<br>SARASOTA FL 34242 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAROL LYNN OSTERMAN NEWMAN<br>7344 POINT OF ROCKS ROAD<br>SARASOTA FL 34242 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LISA ELLEN OSTERMAN BYKOWSKY<br>7344 POINT OF ROCKS ROAD<br>SARASOTA FL 34242 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GOULD, ALVIN R<br>7344 POINT OF ROCKS ROAD<br>SARASOTA FL 34242 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MARILYN ANN GOULD CHRISTIANSEN<br>7344 POINT OF ROCKS ROAD<br>SARASOTA FL 34242 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEE, H. GREG<br>2014 FOURTH STREET<br>SARASOTA FL 34237 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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 changed, or on an attachment with an address, with all other like empowered.

|  |                           |                 |
|--|---------------------------|-----------------|
| SIGNATURE:  | Date: <b>Jan 19, 2005</b> | Daytime Phone # |
|--|---------------------------|-----------------|