

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000005162

1. Entity Name  
THE ALVIN A. AND NORMA L. GOULD CHARITABLE  
FOUNDATION, INC.



Principal Place of Business  
7344 POINT OF ROCKS ROAD  
SARASOTA, FL 34242

Mailing Address  
7344 POINT OF ROCKS ROAD  
SARASOTA, FL 34242



07092006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0784091

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

H. GREG LEE, ESQUIRE  
2014 FOURTH STREET  
SARASOTA, FL 34237

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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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000572226  
07/25/06-80020-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GOULD, NORMA L
STREET ADDRESS	7344 POINT OF ROCKS ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	CAROL LYNN OSTERMAN NEWMAN
STREET ADDRESS	7344 POINT OF ROCKS ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	LISA ELLEN OSTERMAN BYKOWSKY
STREET ADDRESS	7344 POINT OF ROCKS ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	GOULD, ALVIN R
STREET ADDRESS	7344 POINT OF ROCKS ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	MARILYN ANN GOULD CHRISTIANSEN
STREET ADDRESS	7344 POINT OF ROCKS ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	LEE, H. GREG
STREET ADDRESS	2014 FOURTH STREET
CITY-ST-ZIP	SARASOTA, FL 34237

**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

*Norma L. Gould*

*NORMA L. GOULD*