

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # N00000005162

1. Entity Name



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

Principal Place of Business

Mailing Address

7344 POINT OF ROCKS ROAD
SARASOTA FL 34242

7344 POINT OF ROCKS ROAD
SARASOTA FL 34242

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Norma L. Gould

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

01-23-07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOULD, NORMA L	
STREET ADDRESS	7344 POINT OF ROCKS ROAD	
CITY-STATE-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAROL LYNN OSTERMAN NEWMAN	
STREET ADDRESS	7344 POINT OF ROCKS ROAD	
CITY-STATE-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	LISA ELLEN OSTERMAN BYKOWSKY	
STREET ADDRESS	7344 POINT OF ROCKS ROAD	
CITY-STATE-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOULD, ALVIN R	
STREET ADDRESS	7344 POINT OF ROCKS ROAD	
CITY-STATE-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARILYN ANN GOULD CHRISTIANSEN	
STREET ADDRESS	7344 POINT OF ROCKS ROAD	
CITY-STATE-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, H. GREG	
STREET ADDRESS	2014 FOURTH STREET	
CITY-STATE-ZIP	SARASOTA FL 34237	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-07

Date

(941) 925-7723

Daytime Phone #