


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90046 037 ****61.25

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # N00000007667 1. Entity Name THE GDR FAMILY FOUNDATION INC. | | | |  | |
| Principal Place of Business 222 ST. JAMES PARK OSPNEY, FL 34229 | | | Mailing Address 3665 BEE RIDGE RD # 300 SARASOTA, FL 34233 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01212007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 65-6350643 | | | | <input type="checkbox"/> Applied For <input checked="" 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 SEITL, WAYNE F 3665 BEE RIDGE RD STE 300 SARASOTA, FL 34233 | | | 7. Name and Address of New Registered Agent Name MOIRA K. RICE Street Address (P.O. Box Number is Not Acceptable) 222 ST. JAMES PARK City OSPNEY FL Zip Code 34229 | | |
| 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. MOIRA K. RICE SIGNATURE: <i>[Signature]</i> DATE: JAN 22, 2007 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP | DP RICE, GEORGE D 222 ST. JAMES PARK OSPNEY, FL 34229 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST RICE, MOIRA K 222 ST. JAMES PARK OSPNEY, FL 34229 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICE, KIMBERLY 67B GREEN STREET MARBLEHEAD, MA 01945 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICE, ROBERT W 1811 HAMILTON PLACE STEUBENVILLE, OH 43952 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICE, ROBERT W 1811 HAMILTON PLACE STEUBENVILLE, OH 43952 | <input type="checkbox"/> Delete | | | |
| 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: <i>[Signature]</i> GEORGE D. RICE (941) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date: JAN 22, 2007 Daytime Phone #: 966-0926 | | | | | |