


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000008259</b>	
1. Entity Name <b>THE GASKA FOUNDATION, INC.</b>	

Principal Place of Business <b>8994 WEMBLEY COURT SARASOTA, FL 34238</b>	Mailing Address <b>8994 WEMBLEY COURT SARASOTA, FL 34238</b>
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**DO NOT WRITE IN THIS SPACE**

04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1061451</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GASKA, REMIGIUS A 8994 WEMBLEY COURT SARASOTA, FL 34238</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GASKA, REMIGIUS A 8994 WEMBLEY COURT SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GASKA, ALDONA 8994 WEMBLEY COURT SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASKA, GINTAUTAS A 4259 WOODSTREAM DRIVE YPSILANTI, MI 48197
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/01/07 08:00:15-025161.25

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.

<b>SIGNATURE:</b> <i>X Remigius A Gaska</i>	<i>X 4.12.07</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #