

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00841

FILED
Apr 28, 2006
Secretary of State

Entity Name: EARL GORMAN FOUNDATION, INC.

Current Principal Place of Business:

1450 GRANADA BLVD.
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 420699
KISSIMMEE, FL 34742 US

New Mailing Address:

FEI Number: 59-2514064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMAN, WILLIAM SR.
9781 SE 17TH LANE
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GORMAN, WILLIAM SR.
Address: 9781 SE 175TH LN
City-St-Zip: SUMMERFIELD, FL

Title: SD () Delete
Name: ALBERY, MISSY
Address: 1410 OVERLOOK DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: TD () Delete
Name: GORMAN, BERTHA
Address: 9781 SE 175TH LN
City-St-Zip: SUMMERFIELD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM GORMAN

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date