

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90043 015 ****61.25

DOCUMENT # N02000001759

1. Entity Name

THE GOODALE FUND, INC.



Principal Place of Business

%JOHN E. MOORE, III
5070 N. HWY. A1A, SUITE 200
VERO BEACH FL 32963

Mailing Address

%JOHN E. MOORE, III
5070 N. HWY. A1A, SUITE 200
VERO BEACH FL 32963



2. Principal Place of Business

131 PASSAGE ISLAND

3. Mailing Address

Suite, Apt. #, etc.

City & State

VERO BEACH

City & State

Zip

32963

Country

USA

Country

INDIAN RIVER

4. FEI Number

38-3315943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

MOORE, JOHN E III
5070 N. HWY. A1A, SUITE 200
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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 ☐ Delete
NAME GOODALE, STEPHEN L
STREET ADDRESS %JOHN E. MOORE, III, 5070 N. HWY, A1A, #200
CITY-ST-ZIP VERO BEACH FL 32963

TITLE D ☐ Delete
NAME GOODALE, MARGERY C
STREET ADDRESS %JOHN E. MOORE, III, 5070 N. HWY, A1A, #200
CITY-ST-ZIP VERO BEACH FL 32963

TITLE D ☐ Delete
NAME MOORE, JOHN E III
STREET ADDRESS 5070 N. HWY, A1A, SUITE 200
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

S. L. Goodale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06 772-2348333

Date

Daytime Phone #