

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000001759

1. Entity Name
THE GOODALE FUND, INC.



Principal Place of Business
**131 PASSAGE ISLAND
VERO BEACH, FL 32963**

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



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3315943

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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04/10/07-00040-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/07