



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90027 034 \*\*\*\*61.25

<b>DOCUMENT # N02000005550</b> 1. Entity Name <b>GILCHRIST EDUCATIONAL FOUNDATION, INC.</b>					
Principal Place of Business <b>2600 S PARK AVE TITUSVILLE, FL 32780</b>			Mailing Address <b>PO BOX 1769 TITUSVILLE, FL 32781</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		02162008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>16-1622896</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>COLEMAN, RANDALL 3869 RAMBLING ACRES DR TITUSVILLE, FL 32796</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAMOFF, SHARON L</b> <input type="checkbox"/> Delete <b>4791 LONGBOW DR</b> <b>TITUSVILLE, FL 32796</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MIZELL, BRIAN</b> <input type="checkbox"/> Delete <b>3831 S RIDGE CIRCLE</b> <b>TITUSVILLE, FL 32796</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HARE, PAT</b> <input type="checkbox"/> Delete <b>5731 PEACOCK CT</b> <b>TITUSVILLE, FL 32780</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHEALY, ROGER</b> <input checked="" type="checkbox"/> Delete <b>1724 SMITH DR.</b> <b>TITUSVILLE, FL 32780</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>LEUCHT, SAMANTHA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2406 DEVONSWOOD RD.</b> <b>TITUSVILLE, FL 32780</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Sharon L Damoff</u>    <u>Sharon Damoff</u>    2-18-08    321-383-0639</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					