

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005550

FILED
Apr 06, 2009
Secretary of State

Entity Name: GILCHRIST EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

2600 S PARK AVE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

PO BOX 1769
TITUSVILLE, FL 32781

New Mailing Address:

FEI Number: 16-1622896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, RANDALL
3869 RAMBLING ACRES DR
TITUSVILLE, FL 32796 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: P () Delete
Name: DAMOFF, SHARON L
Address: 4791 LONGBOW DR
City-St-Zip: TITUSVILLE, FL 32796

Title: VP () Delete
Name: MIZELL, BRIAN
Address: 3831 S RIDGE CIRCLE
City-St-Zip: TITUSVILLE, FL 32796

Title: S () Delete
Name: HARE, PAT
Address: 5731 PEACOCK CT
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: SAMANTHA, LEUCHT
Address: 2406 DEVONSWOOD RD.
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SCHAFER, WILLIAM
Address: 1880 GOLFVIEW DRIVE
City-St-Zip: TITUSVILLE, FL 32780

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 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: SHARON DAMOFF

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date