

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011038

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** THE KAITLYN MARIE GOSSETT CHILDRENS' FOUNDATION, INC.

**Current Principal Place of Business:**

2221 U.S. HWY 27 SOUTH  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

4417 DEERWOOD DRIVE  
ZOLFO SPRINGS, FL 33870

**New Mailing Address:**

4417 DEERWOOD DRIVE  
ZOLFO SPRINGS, FL 33890

FEI Number: 20-0516791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOSSETT, GARY R JR.  
2221 U.S. HWY 27 SOUTH  
SEBRING, FL 33870 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: D ( ) Delete  
Name: GOSSETT, GARY R JR.  
Address: 2221 U.S. HWY 27 SOUTH  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: GOSSETT, SHEL C  
Address: 2221 U.S. HWY 27 SOUTH  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: GOSSETT, GINGER  
Address: 2221 U.S. HWY 27 SOUTH  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: GOSSETT, SHEL C  
Address: 4417 DEERWOOD DRIVE  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D (X) Change ( ) Addition  
Name: GOSSETT, AMANDA  
Address: 4417 DEERWOOD DRIVE  
City-St-Zip: ZOLFO SPRINGS, FL 33890

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: GARY R. GOSSETT, JR.

D

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date