


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90020 035 ****61.25

DOCUMENT # N04000006711			
1. Entity Name THE GOLDEN YEARS MESSAGE FOUNDATION, INC.			
Principal Place of Business 7226 NW 52 TER GAINESVILLE, FL 32653		Mailing Address 7226 NW 52 TER GAINESVILLE, FL 32653	
2. Principal Place of Business - No P.O. Box # 7226 NW 52 Ter		3. Mailing Address 7226 NW 52 Ter	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32653	Country USA	Zip 32653	Country USA
6. Name and Address of Current Registered Agent KATTELL, RENEE 7226 NW 52 TER GAINESVILLE, FL 32653		7. Name and Address of New Registered Agent Name Kattell, Renee Street Address (P.O. Box Number is Not Acceptable) 7226 NW 52 Ter City Gainesville FL Zip Code 32653	
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>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP KATRELL, RENEE 7226 NW 52 TERR GAINESVILLE, FL 32653 <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	TV PERFIT, MICHAEL 7226 NW 52 TER GAINESVILLE, FL 32653 <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	TT HAYNES, TINA 7226 NW 52 TER GAINESVILLE, FL 32653 <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	TS BOSTWICK, DONNA 7226 NW 52 TER GAINESVILLE, FL 32653 <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	T WADE, JEFF 7226 NW 52 TER GAINESVILLE, FL 32653 <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.

Renee Kattell

Renee Kattell

5-1-08 (352)
336-1316