

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006711

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** THE GOLDEN YEARS MESSAGE FOUNDATION, INC.

**Current Principal Place of Business:**

7226 NW 52 TER  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

7226 NW 52 TER  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number:** 20-1344241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATTELL, RENEE  
7226 NW 52 TER  
GAINESVILLE, FL 32653 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: TP ( ) Delete  
Name: KATRELL, RENEE  
Address: 7226 NW 52 TERR  
City-St-Zip: GAINESVILLE, FL 32653

Title: TV ( ) Delete  
Name: PERFIT, MICHAEL  
Address: 7226 NW 52 TER  
City-St-Zip: GAINESVILLE, FL 32653

Title: TT ( ) Delete  
Name: HAYNES, TINA  
Address: 7226 NW 52 TER  
City-St-Zip: GAINESVILLE, FL 32653

Title: T S ( ) Delete  
Name: BOSTWICK, DONNA  
Address: 7226 NW 52 TER  
City-St-Zip: GAINESVILLE, FL 32653

Title: T ( ) Delete  
Name: WADE, JEFF  
Address: 7226 NW 52 TER  
City-St-Zip: GAINESVILLE, FL 32653

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

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

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

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

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: RENEE KATTELL

TP

01/06/2009

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

\_\_\_\_\_  
Date