2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # N0400006757 1. Entity Name THE GAGNON ART FOUNDATION, INC.											11-2008		-		
Principal Place of Business 1844 N. NOB HILL RD. #226 PLANTATION, FL 33322			Mailing Address 1844 N. NOB HILL RD. #226 PLANTATION, FL 33322			· · · · · · · · · · · · · · · · · · ·		-	-	a c				RD) (497	114 H D 11
2. Principal Place of Business - No P.O. Box #			3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.					010	42008	Chg	-NP	C	R2E037	(12/06)	
City & State			City & State				4. FEI Number 20-1408468					pplied For ot Applicable			
Zip	Zip Country		Zip		Соц	untry		5. Certificate of Status Desired Secured \$8.75 Additional Fee Required							
	6. Name	and Address of Current	Registered A	gent		ļ		7. Na	me and	Addres	ss of New	Regis	tered Ag	ent .	
HARTMAN, BRADLEY S 10000 STIRLING RD. SUITE 1 COOPER CITY, FL 33024						Name Ferdinand De Berardinis Street Address (P.O. Box Number is Not Acceptable) 900 W. Sample Rd. Suite 300									
8. The above the obligati	ions of regist	y submits this statement for tered agent.	ius	Jan Jan	Ja						e State of F	iorida.	FL I am fa	Zip Cox 33 miliar with	063
Fifing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.				\$5.0	D May Be	e			check	payable (to
	Due by n	May 1, 2008		Trust Fund C	Contribut	ion.	Ц	Added	to Fees				•	nent of S	
10.		OFFICERS AND DI	RECTORS	Trust Fund C	Contribut	ion.		Added		NGES	Flo TO OFFICE		ND DIRE	CTORS IN	N 10
TITLE	PD	OFFICERS AND DI	RECTORS	Trust Fund C	11.			Added DDITIO	NS/CHA		TO OFFICE		ND DIRE		
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The every time the information supplied with this filing does not quality 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 offect 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.

SIGNATURE: _

MAYC GA 9NON
SIGNATURE AND TYPES OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/04/08 (954)347-4604