

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N04000008105

1. Entity Name

GONZMART FAMILY FOUNDATION, INC.



Principal Place of Business

2025 E 7TH AVE
TAMPA, FL 33605-0999

Mailing Address

2025 E 7TH AVE
TAMPA, FL 33605-0999

DO NOT WRITE IN THIS SPACE



04132007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-1504152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHANNON, JEFFREY C
501 E KENNEDY BLVD SUITE 1700
TAMPA, FL 33602

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GONZMART, RICHARD
STREET ADDRESS 2025 E 7TH AVE
CITY-ST-ZIP TAMPA, FL 336050999

TITLE D
NAME GONZMART, CASEY
STREET ADDRESS 2025 E 7TH AVE
CITY-ST-ZIP TAMPA, FL 336050999

TITLE D
NAME FEDOROVICH, DENNIS
STREET ADDRESS 2025 E 7TH AVE
CITY-ST-ZIP TAMPA, FL 336050999

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/17/07-80029-021 61.25

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07
Date

813-268-3000
Daytime Phone #