## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010233

Entity Name: G FOUNDATION CORPORATION

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1600 SOUTH FEDERAL HWY STE 915 POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

1600 SOUTH FEDERAL HWY STE 915 POMPANO BEACH, FL 33062

FEI Number: 20-1897544 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BOWER, TANYA L ESQ C/O TRIPP SCOTT, P.A. 110 S.E. 6TH STREET 15TH FLOOR FORT LAUDERDALE, FL 33301 US

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:

\L. \_\_\_\_\_

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: OLZEN, THOMAS Name: STEPHEN, CARFRAY

Address: 1600 SOUTH FEDERAL HWY STE 915 Address: 1600 SOUTH FEDERAL HWY STE 915

City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WARTEN, FREDRICK
 Name:

 Address:
 1600 SOUTH FEDERAL HWY STE 915
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GONYO, KENNETH D
 Name:

 Address:
 1600 SOUTH FEDERAL HWY STE 915
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH D GONYO D 04/20/2006