2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/31/2006-90001-005-$61.25-$61.25

DOCUMENT # N05000003693

1. Entity Name
GILMORE FAMILY FOUNDATION, INC.

06 SEP 25 AM 8:10

Principal Place of Business	Mailing Address
100 VILLA COURT PANAMA CITY BEACH, FL 32413	100 VILLA COURT PANAMA CITY BEACH, FL 32413

08272006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2384189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILMORE, DOUGLAS E 100 VILLA COURT PANAMA CITY BEACH, FL 32413	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	~~D~~ GILMORE, DOUGLAS E 100 VILLA COURT PANAMA CITY BEACH, FL 32413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Treasurer Direct Gilmore Douglas E 100 VILLA ct Panama City Beach, FL 32413	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ GILMORE, LORRAINE M 100 VILLA COURT PANAMA CITY BEACH, FL 32413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P, Sec, Director Gilmore, Lorraine M 100 VILLA CT Panama City Beach FL. 32413	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOPPE, TRACEY G 16225 EAST LULLWATER PANAMA CITY BEACH, FL 32413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Schoppe, Tracy G. 16225 E. Lullwater Panama City Beach, FL. 32413	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURKE, SUZANNE 353 EAGLE DR. PANAMA CITY BEACH, FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Burke, Suzanne G 3411 Dragon Ridge Rd. Panama City Beach, FL 32411	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Douglas E Gilmore 30 Aug 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #