

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003693

1. Entity Name
GILMORE FAMILY FOUNDATION, INC.



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

Mailing Address
100 VILLA COURT
PANAMA CITY BEACH, FL 32413



04142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

GILMORE, DOUGLAS E
100 VILLA COURT
PANAMA CITY BEACH, FL 32413

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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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000898953
04/28/08-80019-008 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GILMORE, DOUGLAS E
100 VILLA COURT
PANAMA CITY BEACH, FL 32413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
GILMORE, LORRAINE M
100 VILLA COURT
PANAMA CITY BEACH, FL 32413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHOPPE, TRACEY G
16225 EAST LULLWATER
PANAMA CITY BEACH, FL 32413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURKE, SUZANNE G
3411 DRAGON RIDGE ROAD
PANAMA CITY BEACH, FL 32411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #