

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003693

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: GILMORE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

100 VILLA COURT  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

100 VILLA COURT  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

FEI Number: 20-2384189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTD      ( ) Delete  
Name: GILMORE, DOUGLAS E  
Address: 100 VILLA COURT  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VPSD      ( ) Delete  
Name: GILMORE, LORRAINE M  
Address: 100 VILLA COURT  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D      ( ) Delete  
Name: SCHOPPE, TRACEY G  
Address: 16225 EAST LULLWATER  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D      ( ) Delete  
Name: BURKE, SUZANNE G  
Address: 3411 DRAGON RIDGE ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DOUG GILMORE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PNT

06/29/2009

\_\_\_\_\_ Date