

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

**FILED  
Jan 11, 2007  
Secretary of State**

DOCUMENT# N05000004948

Entity Name: GENTS CHARITABLE FOUNDATION INCORPORATED

**Current Principal Place of Business:**

1411 FOUNTAIN AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 222  
PANAMA CITY, FL 324020222

**New Mailing Address:**

FEI Number: 41-2165593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRIFFIN, SYLVESTER  
1608 SANTA ANITA DRIVE  
LYNN HAVEN, FL 32444      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: DV      ( ) Delete  
Name: CAMPBELL, JOHNNY  
Address: 2000 WEST 14TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

Title: DT      ( ) Delete  
Name: CHASE, THOMAS  
Address: 913 MAPLE AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: DC      ( ) Delete  
Name: GRIFFIN, SYLVESTER  
Address: PO BOX 10  
City-St-Zip: LYNN HAVEN, FL 32444

Title: DS      ( ) Delete  
Name: JORDAN, JOHNNY  
Address: 912 WILSON AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D      ( ) Delete  
Name: PHILLIPS, KENNETH  
Address: 1401 MARYLAND AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D      ( ) Delete  
Name: WILSON, ROY  
Address: 1506 PENNSYLVANIA AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

**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:

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 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: SYLVESTER GRIFFIN

DC

01/11/2007

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

\_\_\_\_\_  
Date