

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004948

FILED
Jan 16, 2009
Secretary of State

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
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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: SYLVESTER GRIFFIN

DC

01/16/2009

Electronic Signature of Signing Officer or Director

Date