

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009718

FILED
Apr 20, 2007
Secretary of State

Entity Name: THE GAMBA FAMILY FOUNDATION, INC.

Current Principal Place of Business:

6518 HIGHCROFT DR
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

6518 HIGHCROFT DR
NAPLES, FL 34119

New Mailing Address:

FEI Number: 11-3759627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMBA, JOHN F
6518 HIGHCROFT DR
NAPLES, FL 34119 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: PD () Delete
Name: GAMBA, JOHN F
Address: 6518 HIGHCREST DR
City-St-Zip: NAPLES, FL 34119

Title: STD () Delete
Name: GAMBA, MARY ANNE S
Address: 6518 HIGH CROFT DR
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: BUDAY, ELIZABETH A
Address: 6253 KENSINGTON ST
City-St-Zip: MC LEAN, VA 22101

Title: D () Delete
Name: GAMBA, JOHN F JR
Address: 1108 CHAMPION DR
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GAMBA, JOHN F
Address: 6518 HIGHCROFT DR
City-St-Zip: NAPLES, FL 34119

Title: STD (X) Change () Addition
Name: GAMBA, MARY ANNE S
Address: 6518 HIGHCROFT DR
City-St-Zip: NAPLES, FL 34119

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

Title: D (X) Change () Addition
Name: GAMBA, JOHN F JR
Address: 11080 CHAMPIONSHIP DR
City-St-Zip: FORT MYERS, FL 33913

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: ELIZABETH A. BUDAY

D

04/20/2007

Electronic Signature of Signing Officer or Director

Date