2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008250

FILED Jul 05, 2007 Secretary of State

Entity Name: A. H. GAGE PRIVATE FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3060 NORTH ATLANTIC AVENUE **UNIT 507** COCOA BEACH, FL 32931 **New Mailing Address: Current Mailing Address:** 3060 NORTH ATLANTIC AVENUE **UNIT 507** COCOA BEACH, FL 32931 FEI Number: 20-5276597 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: Name and Address of New Registered Agent: GAGE, ARLENE H 3060 NORTH ATLANTIC AVENUE **UNIT 507** COCOA BEACH, FL 32931 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GAGE, ARLENE H Name: Name: Address: 3060 NORTH ATLANTIC AVENUE, UNIT 507 Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: () Delete Title: () Change () Addition ZIBURSKE, RICHARD W Name: Name: Address: 210 ATLAS LANE Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: Title: () Delete Title: (X) Change () Addition HANSON, LYNN M Name: HANSON, LYNN M Name: 7303 WEST 59TH STREET 3060 N ATLANTIC AVE, #507 Address: Address: City-St-Zip: ARVADA, CO 80003 City-St-Zip: COCOA BEACH, FL 32931

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: ARLENE H GAGE PRES 07/05/2007