2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008250

Entity Name: A. H. GAGE PRIVATE FOUNDATION, INC.

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3060 NORTH ATLANTIC AVENUE 1756 DONEGAL DR
UNIT 507 MELBOURNE, FL 32940

COCOA BEACH, FL 32931

Current Mailing Address: New Mailing Address:

3060 NORTH ATLANTIC AVENUE 1756 DONEGAL DR UNIT 507 MELBOURNE, FL 32940

UNIT 507 MELBOURN COCOA BEACH, FL 32931

FEI Number: 20-5276597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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
GAGE, ARLENE H
1756 DONEGAL DR
MELBOURNE, FL 32940 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: 02/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: S/D (X) Change () Addition

 Name:
 GAGE, ARLENE H
 Name:
 GAGE, ARLENE H

 Address:
 3060 NORTH ATLANTIC AVENUE, UNIT 507
 Address:
 1756 DONEGAL DR

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:
 MELBOURNE, FL 32940

Title: D () Delete Title: P/D (X) Change () Addition Name: ZIBURSKE, RICHARD W ZIBURSKE, RICHARD W

Name: ZIBURSKE, RICHARD W Name: ZIBURSKE, RICHARD W
Address: 210 ATLAS LANE Address: 1740 KINSALE CT
City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: MELBOURNE, FL 32940

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 HANSON, LYNN M
 Name:
 HANSON, LYNN M

 Address:
 3060 N ATLANTIC AVE, #507
 Address:
 1756 DONEGAL DR

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:
 MELBOURNE, FL 32940

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 SEC 02/06/2009