


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

112

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|--|--|---|
| DOCUMENT # N06000011161 | |  |
| 1. Entity Name THE GATHERING FOUNDATION, INC. | | |

FILED
07 MAR 26 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 3951 MERLIN DRIVE KIMMIMMEE, FL 34741 | Mailing Address 3951 MERLIN DRIVE KIMMIMMEE, FL 34741 |
|---|---|



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|--|---------|--------------------------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Kissimmee, FL | | City & State Kissimmee, FL | |
| Zip | Country | Zip | Country |

| | | |
|---|--------|--------------------------------|
| 03132007 | Chg-NP | CR2E037 (12/06) |
| 4. FEI Number 20-8068767 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent | |
| AM&E SERVICES LLC 605 EAST ROBINSON STREET STE 730 ORLANDO, FL 32801 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 8. 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | |

400095814364
04/04/07--01048--005 **\$61.25

| | | | |
|-----------------------|---|-----------------------------|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|-----------------------|---|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAUDERBACK, LEE 3951 MERLIN DRIVE KIMMIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEST, ANGELA 3951 MERLIN DRIVE KIMMIMMEE, FL 34741 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUPPERT, ERIC 3951 MERLIN DRIVE KIMMIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAUDERBACK, JOHN 3951 MERLIN DRIVE KIMMIMMEE, FL 34741 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Kissimmee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Kissimmee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Arthur R. Louv 605 E. Robinson Street, Suite 730 Orlando, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D David Robinson 3951 Merlin Drive Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
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|--|--------------------------|---------|--------------|
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Arthur R. Louv, Director | 3/15/07 | 407-841-1550 |
|--|--------------------------|---------|--------------|

K. Eckel MAR 29 2007

ATTACHMENT

2/2

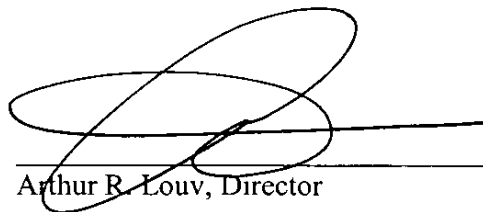
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10.

11.

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|---|--|---|---|------------|
| Title Name Street Add. City-St-Zip | | Title Name Street Add. City-St-Zip | DP Michael DeCuir 3951 Merlin Drive Kissimmee, FL 34741 | x Addition |
| Title Name Street Add. City-St-Zip | | Title Name Street Add. City-St-Zip | DT Fred Tattersall 333 N. Ferncreek Avenue Orlando, FL 32803 | x Addition |
| Title Name Street Add. City-St-Zip | | Title Name Street Add. City-St-Zip | S Debra Johnson 3951 Merlin Drive Kissimmee, FL 34741 | x Addition |



Arthur R. Louv, Director

Dated: March 15, 2007