2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# N06000011161

Entity Name: THE GATHERING FOUNDATION, INC.

Current Principal Place of Business:

3951 MERLIN DRIVE
KIMMIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3951 MERLIN DRIVE
KIMMIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-8068767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET STE 730
ORLANDO, FL 32801 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:	DP	( ) Delete
Name:	DECUIR, MICHAEL	
Address:	3951 MERLIN DRIVE	
City-St-Zip:	KIMMIMMEE, FL 34741	
Title:	VP	( ) Delete
Name:	WEST, ANGELA	
Address:	3951 MERLIN DRIVE	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	DT	( ) Delete
Name:	TATTERSALL, FRED	
Address:	333 N. FERNCREEK AVENUE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VP	( ) Delete
Name:	LAUDERBACK, JOHN	
Address:	3951 MERLIN DRIVE	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	D	( ) Delete
Name:	LOUZ, ARTHUR R	
Address:	605 E. ROBINSON STREET, SUITE 730	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D	( ) Delete
Name:	ROBINSON, DAVID	
Address:	3951 MERLIN DRIVE	
City-St-Zip:	KIMMIMMEE, FL 34741	

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
Name:	
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: MICHAEL DECUIR DP 02/28/2008

Electronic Signature of Signing Officer or Director — Date