

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003032

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** THE GARY OAKLEY GAINING FORWARD MOMENTUM FOUNDATION, INC.

**Current Principal Place of Business:**

403 DOUGLAS WAY  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

403 DOUGLAS WAY  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

**FEI Number:** 20-7477677

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MULLER, CHARLES W  
434 EMORY OAK  
OCOOE, FL 34761 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: P  
Name: OAKLEY, GARY  
Address: 403 DOUGLAS WAY  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: DIR  
Name: SHELLITA, BOXIE  
Address: 3546 LAKE TINY CIRCLE  
City-St-Zip: ORLANDO, FL 32818 US

Title: DIR  
Name: HAHN, BRUCE  
Address: 1445 SADDLE RIDGE  
City-St-Zip: ORLANDO, FL 32835 US

Title: DIR  
Name: KRZYZAK, PETER J  
Address: 1716 WYCLIFF DR.  
City-St-Zip: ORLANDO, FL 32803 US

Title: DIR  
Name: HUGHES, JON  
Address: 1623 WYCLIFF DR.  
City-St-Zip: ORLANDO, FL 32803 US

I hereby 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 all other like empowered.

SIGNATURE: GARY OAKLEY

P

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date