

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N20418

Entity Name: THE GTR FOUNDATION, INC.

Current Principal Place of Business:

P0 BOX 8189
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8189
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 59-2798067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ONEIL, WILLIAM III
520 HARBOR GATE WAY
LONGBOAT KEY, FL 34228 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: D () Delete
Name: ONEIL, WILLIAM
Address: PO BOX 8189
City-St-Zip: LONGBBOAT KEY, FL 34228

Title: D () Delete
Name: ONEIL, BECKY
Address: PO BOX 8189
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: ONEIL, BILL
Address: 664 RIDGEWOOD RD
City-St-Zip: KEY BISCAZYNE, FL 33149

Title: D () Delete
Name: ETHRIDGE, GRETCHEN
Address: 8336 WHEATSTONE LANE
City-St-Zip: RALEIGH, NC 27613

Title: D () Delete
Name: MATOS, KIRSTEN
Address: 8146 BAHIA BLANCA
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: ONEIL, PAUL
Address: 440 MATARES DR
City-St-Zip: PUNTA GORDA, FL 33950

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: D (X) Change () Addition
Name: ONEIL, PAUL
Address: 484 RUBENS DR E
City-St-Zip: NOKOMIS, FL 34275

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: WILLIAM ONEIL

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date