

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N46920

1. Entity Name
**THE EDUCATION FOUNDATION OF GILCHRIST
COUNTY, INC.**



Principal Place of Business
**P.O. BOX 1816
TRENTON, FL 32693 US**

Mailing Address
**P.O. BOX 1816
TRENTON, FL 32693 US**



01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3128327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THOMAS, JULIE C
HWY 26 112 SOUTH MAIN STREET
TRENTON, FL 32693**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, JULIE C 112 SOUTH MAIN ST. TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OSTEEN, GENE P.O. BOX 1537 BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANCASTER, DEEN 605 N MAIN ST CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TALLEY, DAN 6839 SOUTHWEST 41ST STREET BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/07-80032-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

352-463-1000

SIGNATURE: Julie C. Thomas Julie C. Thomas, President 1/19-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #