

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000118

FILED
Mar 16, 2005
Secretary of State

Entity Name: GAMBLE ROGERS MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

203 SW 3RD AVENUE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

203 SW 3RD AVE.
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-3158435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEADHAM, CHARLES V JR
203 SW 3RD AVE
GAINESVILLE, FL 32601 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: ARTHURS, DAVID V
Address: 7233 E. OAK ISLE DRIVE
City-St-Zip: INVERNESS, FL 32650

Title: D () Delete
Name: MCCOMMONS, PETE
Address: 497 OGLETHORPE AVE.
City-St-Zip: ATHENS, GA

Title: D () Delete
Name: MCEWAN, BRUCE
Address: 2000 WEST ALAMEDA AVE.
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: MARCHMAN, MARVIN
Address: 6297 WOODLAKE DR
City-St-Zip: BUFORD, GA

Title: D () Delete
Name: ROGERS, JACK
Address: 1002 TEMPLE GROVE
City-St-Zip: WINTER PARK, FL

Title: D (X) Delete
Name: ROGERS, NANCY
Address: 27 MAGNOLIA DR
City-St-Zip: ST AUGUSTINE, FL

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 for the exemption stated in Section 119.07(3)(i), 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: CHARLES V. STEADHAM, JR.

D

03/16/2005

Electronic Signature of Signing Officer or Director

Date