2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N93000000118

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 AVENUE
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:	BLOUNT, ROB	
Address:	4020 VIRGINIA BEACH DRIVE	
City-St-Zip:	MIAMI, FL 33149	
Title:	D	( ) Delete
Name:	CRIDER, DALE	
Address:	11620 NE 7TH AVENUE	
City-St-Zip:	GAINESVILLE, FL 32641	
Title:	D	( ) Delete
Name:	MCEWAN, BRUCE	
Address:	2000 WEST ALAMEDA AVE.	
City-St-Zip:	ORLANDO, FL	
Title:	D	( ) Delete
Name:	FETHE, HAROLD	
Address:	124 SPYGLASS LANE	
City-St-Zip:	HALF MOON BAY, CA 94019	
Title:	D	( ) Delete
Name:	ROGERS, JACK	
Address:	1002 TEMPLE GROVE	
City-St-Zip:	WINTER PARK, FL	
Title:	D	( ) Delete
Name:	HAMILTON, GEORGE IV	
Address:	2020 FIELDSTONE PARKWAY, SUITE 900-96	
City-St-Zip:	FRANKLIN, TN 37069	

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: CHARLES V. STEADHAM, JR. D 02/05/2009

Electronic Signature of Signing Officer or Director — Date