


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002908 1. Entity Name KENNETH T. AND MILDRED S. GAMMONS CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 46 N. WASHINGTON BLVD., SUITE 27 SARASOTA FL 34236	Mailing Address 46 N. WASHINGTON BLVD., SUITE 27 SARASOTA FL 34236
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0596492
Suite, Apt #, etc.	Suite, Apt #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

6. Name and Address of Current Registered Agent BROWNING, GEORGE III 46 N. WASHINGTON BLVD., SUITE 27 SARASOTA FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	ENOS, RICHARD			NAME			
STREET ADDRESS	5800 HOLLYWOOD BLVD, APT 117			STREET ADDRESS			
CITY- ST- ZIP	SARASOTA FL			CITY- ST- ZIP			
TITLE	DSTV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	BROWNING, GEORGE III			NAME			
STREET ADDRESS	46 N. WASHINGTON BLVD., SUITE 27			STREET ADDRESS			
CITY- ST- ZIP	SARASOTA FL 34236			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	BROWNING, SALLY			NAME			
STREET ADDRESS	P O BOX 25252			STREET ADDRESS			
CITY- ST- ZIP	TAMPA FL 33622			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	FOERSTER, DEIDRE			NAME			
STREET ADDRESS	13900 TWO NOTCH PLACE			STREET ADDRESS			
CITY- ST- ZIP	MIDLOTHIAN VA 23113			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *George Browning III VP* 1/21/05