2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000002908

1. Entity Name

KENNETH T. AND MILDRED S. GAMMONS CHARITABLE

FOUNDATION, INC.	Cop with the copy of the copy
Principal Place of Business	Mailing Address
46 N. WASHINGTON BLVD., SUITE 27 SARASOTA FL 34236	46 N. WASHINGTON BLVD., SUITE 27 SARASOTA FL 34236
2. Principal Place of Business - No P.O. Box #	3. Mailing Address

FILED Jan 30, 2007 8:00 am Secretary of State

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SARASOTA FL 34236 SARASOTA FL 34236 SARASOTA FL 34236 SARASOTA FL 34236 SUID, Apt. 4, clc. City & Static Country Social Address of Current Registered Agent Name BROWNING, GEORGE III 46 N. WASHINGTON BLVD., SUITE 27 SARASOTA FL 34236 City & Static City & Static City C	Principal Plac	incipal Place of Business Mailing Address								
2. Principal Place of Suseries - No P.C. (Box #) Suito, Apt. #, disc. Suito, Apt. #, disc. City & State Second Address of New Registered Agent Name BROWNING, GEORGE III 46 N. WASHINGTON BLVD., SUITE 27 Second Address of Post Number is Not Acceptable) Signature of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. I am familiar with, the obligations of registered agent. or both, in the State of Florida. FILE NOW: FEE IS \$61.25 Due By May 1, 2007 9. Fince Inn Composition Floridae Sequence of registered agent. or both, in the State of Floridae. I am familiar with, the obligations of regis				LVD., SUITE 27						
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BROWNING, GEORGE III 46 N. WASHINGTON BLVD., SUITE 27 SARASOTA FL 34236 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. FILE NOW: FEE IS \$61.25 Due By May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. FILE NOW: FEE IS \$61.25 Due By May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN HUMB. SIRET MORESS 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTO		6. Name and Address of Current	Registered .	Agent			7. Name and Add	ress of New Registe	•	
46 N. WASHINGTON BLVD., SUITE 27 SARASOTA FL 34236 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, the obligations of registered agent. SIGNATURE Signature, types or prince in propose of unangent warm red line if amfords NOC! Registered inject of universal inject of propose in propose of unangent warm red line if amfords NOC! Registered inject of universal inject o						Name				
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes.	NAME STREET ADDRESS CHY+ST+ZIP				NAME STREE CITY	LADDRESS ST-ZIP				☐ Addition

indicated on this report or supplied with inis liting does not quality for the exemptions contained in Section 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to exocute 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: _