

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

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000002902

1. Entity Name
**THE JOHN R. AND RUTH W. GURTLE FOUNDATION,
INC.**



Principal Place of Business
**390 N. ORANGE AVE.
SUITE 1500
ORLANDO, FL 32801**

Mailing Address
**POST OFFICE BOX 1391
ORLANDO, FL 32802-1391 US**



03032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3437461

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHWW, INC.
390 N. ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801**

**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 PD
NAME WARD, HAROLD A III
STREET ADDRESS 390 N. ORANGE AVE., SUITE 1500
CITY-ST-ZIP ORLANDO, FL 32801

TITLE VSD
NAME CHRISTIAN, MARY W
STREET ADDRESS 61 OAKLEIGH DRIVE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D
NAME WHITE, W. GRAHAM
STREET ADDRESS 390 N. ORANGE AVE., SUITE 1500
CITY-ST-ZIP ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000658491
03/15/07-80041-014 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.

SIGNATURE:

Mary W. Christian Mary W. Christian 3-3-07 407-645-5469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #