2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/9/2008-90032-032-$61.25 $61.25 FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002902

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

Principal Place of Business	Mailing Address
390 N. ORANGE AVE. SUITE 1500 ORLANDO, FL 32801	POST OFFICE BOX 1391 ORLANDO, FL 32802-1391 US

04052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
WHWW, INC. 390 N. ORANGE AVENUE SUITE 1500 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: _____ DATE
Signature, name or printed name of registered agent and title if applicable (REQUIRED) Registered Agent signature required when reinstating

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARD, HAROLD A III 390 N. ORANGE AVE., SUITE 1500 ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WARD, HAROLD A. III SAME	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD CHRISTIAN, MARY W 61 OAKLEIGH DRIVE MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CHRISTIAN, MARY W. SAME	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, W. GRAHAM 390 N. ORANGE AVE., SUITE 1500 ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WHITE, W. GRAHAM SAME	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 4/8/08 407-645-5469
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #