

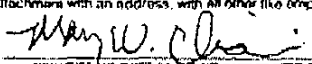
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

2008 MAY -7 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		
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. FFI 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				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. This 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: 					
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					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD WARD, HAROLD A III 390 N. ORANGE AVE., SUITE 1500 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD WARD, HAROLD A. III SAME	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD CHRISTIAN, MARY W 61 OAKLEIGH DRIVE MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD CHRISTIAN, MARY W. SAME	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WHITE, W. GRAHAM 390 N. ORANGE AVE., SUITE 1500 ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD WHITE, W. GRAHAM SAME	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 4/8/08 407-645-5469					
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR					