


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

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000006040 1. Entity Name GSB FAMILY FOUNDATION, INC.	
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Principal Place of Business % GARY S. BAILEY - MACHEN, POWERS, ET AL 301 W. CAMINO GARDENS BLVD., SUITE 101 BOCA RATON, FL 33432	Mailing Address % GARY S. BAILEY - MACHEN, POWERS, ET AL 301 W. CAMINO GARDENS BLVD., SUITE 101 BOCA RATON, FL 33432
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01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0714038	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAILEY, GARY S % MACHEN, POWERS, DISQUE & BOYLE 301 W. CAMINO GARDENS BLVD., SUITE 101 BOCA RATON, FL 33432

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAILEY, GARY S P.O. BOX 3244 N/A TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAILEY, BRENDA M P.O. BOX 3244 N/A TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, JEFF 380 E. LIONSHEAD CIRCLE VAIL, CO 81657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U0000059E423 01/23/07-80079-001 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied on 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 an other like empowered.

SIGNATURE:  Gary S. Bailey 1-19-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #