

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000006040

1. Entity Name

GSB FAMILY FOUNDATION, INC.



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



01092008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

65-0714038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BAILEY, GARY S
STREET ADDRESS	P.O. BOX 3244 N/A
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	VD
NAME	BAILEY, BRENDA M
STREET ADDRESS	P.O. BOX 3244 N/A
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	SD
NAME	BAILEY, JEFF
STREET ADDRESS	380 E. LIONSHEAD CIRCLE
CITY-ST-ZIP	VAIL, CO 81657
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/08-80034-017-61.25

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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 duly empowered.

SIGNATURE:

Gary S. Bailey

2-15-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #