2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N96000006040

Entity Name: GSB FAMILY FOUNDATION, INC.

Current Principal Place of Business:

% GARY S. BAILEY - MACHEN, POWERS, ET AL
301 W. CAMINO GARDENS BLVD., SUITE 101
BOCA RATON, FL 33432

New Principal Place of Business:

% GARY S. BAILEY - TEMPLETON & COMPANY
5900 NORTH ANDREWS AVENUE, STE. 610
FORT LAUDERDALE, FL 33309

Current Mailing Address:

% GARY S. BAILEY - MACHEN, POWERS, ET AL
301 W. CAMINO GARDENS BLVD., SUITE 101
BOCA RATON, FL 33432

New Mailing Address:

% GARY S. BAILEY - TEMPLETON & COMPANY
5900 NORTH ANDREWS AVENUE, STE. 610
FORT LAYDERDALE, FL 33309

FEI Number: 65-0714038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILEY, GARY S
% MACHEN, POWERS, DISQUE & BOYLE
301 W. CAMNO GARDENS BLVD., SUITE 101
BOCA RTON, FL 33432 US

Name and Address of New Registered Agent:

BAILEY, GARY S
% TEMPLETON & COMPANY
5900 NORTH ANDREWS AVENUE, STE. 610
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: _____ 01/08/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: BAILEY, GARY S
Address: P.O. BOX 3244 N/A
City-St-Zip: TEQUESTA, FL 33469

Title: VD ( ) Delete
Name: BAILEY, BRENDA M
Address: P.O. BOX 3244 N/A
City-St-Zip: TEQUESTA, FL 33469

Title: SD ( ) Delete
Name: BAILEY, JEFF
Address: 380 E. LIONSHEAD CIRCLE
City-St-Zip: VAIL, CO 81657

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY S. BAILEY PTD 01/08/2009
Electronic Signature of Signing Officer or Director — Date