

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000001

FILED
Jan 05, 2008
Secretary of State

Entity Name: JILLIAN AND DAVID HARRISON GILMOUR FOUNDATION, INC.

Current Principal Place of Business:

% DOUG CARLSON
240 HEATHER LANE
ASPEN, CO 81611

New Principal Place of Business:

Current Mailing Address:

% DOUG CARLSON
240 HEATHER LANE
ASPEN, CO 81611

New Mailing Address:

DOUG CARLSON
PO BOX 3745
RANCHO SANTA FE, CA 92067

FEI Number: 65-0810369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GILMOUR, DAVID HARRISON
Address: 5 GOLFVIEW ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: GILMOUR, JILLIAN LEE
Address: 5 GOLFVIEW ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: CARLSON, DOUG
Address: 240 HEATHER LANE
City-St-Zip: ASPEN, CO 81611

Title: D () Delete
Name: JACOBI, HERBERT
Address: 234 PALMO WAY
City-St-Zip: PALM BEACH, FL 33480

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:

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: DOUG CARLSON

MGR

01/05/2008

Electronic Signature of Signing Officer or Director

Date