

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000494

FILED  
Apr 04, 2006  
Secretary of State

**Entity Name:** GARY L. FORMET MEMORIAL TRUST FUND, INC.

**Current Principal Place of Business:**

1118 LAKE WILLISARA CIR  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

1118 LAKE WILLISARA CIR  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 59-3500845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HESS, MIKE E CPA  
2876 OLD CASTLE DR  
WINTER PARK, FL 32792 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: FORMET, JANE C  
Address: 1118 LAKE WILLIASA CIR  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: PRICHER, NORMAN C  
Address: 1560 N. ORANGE AVE., STE 600  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: WOHLUST, CHARLES G  
Address: 778 MCINTYRE AVE.  
City-St-Zip: WINTER PARK, FL 32787

Title: D ( ) Delete  
Name: ANDERSON, JENNIFER F  
Address: 3060 EGLINGTON DRIVE  
City-St-Zip: ORLANDO, FL 32806

**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 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: JANE FORMET

D

04/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date