


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # N98000006360 1. Entity Name THE GARY FOUNDATION, INC.	
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Principal Place of Business 221 SE OSCEOLA ST STUART, FL 34994	Mailing Address 221 SE OSCEOLA ST STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



05102006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0873650	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEIKSNAR, THOMAS E 221 SE OSCEOLA ST STUART, FL 34994	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000564536 05/20/06-80074-007 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GARY, WILLIE E 221 E OSCEOLA ST STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY, GLORIA R 221 E OSCEOLA ST STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, WILLIAM 221 E OSCEOLA ST STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDER, CECIL 221 E OSCEOLA ST STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLYFIELD, EVANDER 221 E OSCEOLA ST STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEIKSNAR, THOMAS E 221 E OSCEOLA ST STUART, FL 34994

DO NOT WRITE
IN THIS SPACE

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 like empowered.

SIGNATURE: <u>Thomas E. Weiksnar</u> officer	Date: <u>5/10/06</u>	Daytime Phone #: <u>772 2838260</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		