

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

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000006360

1. Entity Name
THE GARY FOUNDATION, INC.



Principal Place of Business

**221 SE OSCEOLA ST
STUART, FL 34994**

Mailing Address

**221 SE OSCEOLA ST
STUART, FL 34994**



04092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0873650

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEIKSNAR, THOMAS E
221 SE OSCEOLA ST
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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

000000920820
05/14/08-90060-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GARY, WILLIE E
STREET ADDRESS	221 E OSCEOLA ST
CITY-ST-ZIP	STUART, FL 34994
TITLE	D
NAME	GARY, GLORIA R
STREET ADDRESS	221 E OSCEOLA ST
CITY-ST-ZIP	STUART, FL 34994
TITLE	D
NAME	GARY, TANISHA
STREET ADDRESS	221 E. OSCEOLA STREET
CITY-ST-ZIP	STUART, FL 34994
TITLE	D
NAME	GARY, KENNETH
STREET ADDRESS	221 E OSCEOLA ST
CITY-ST-ZIP	STUART, FL 34994
TITLE	SD
NAME	WEIKSNAR, THOMAS E
STREET ADDRESS	221 E OSCEOLA ST
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 line empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/08