

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007051

FILED
Feb 19, 2007
Secretary of State

Entity Name: THE GOODALL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

109 TEAL NEST COURT
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

109 TEAL NEST COURT
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3549023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YONG, FRANK J
4570 ST. JOHNS AVENUE SUITE 1A
JACKSONVILLE, FL 32210 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: GOODALL, HERBERT W
Address: 109 TEAL NEST COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: GOODALL, SUSAN G
Address: 109 TEAL NEST COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: GOODALL, ROBERT D
Address: 105 RAVEN ROCK ROAD
City-St-Zip: RICHMOND, VA 23229

Title: D () Delete
Name: GAVIN, ELIZA H. S
Address: PO BOX 22000
City-St-Zip: TELLURIDE, CO 81435

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: D (X) Change () Addition
Name: GAVIN, ELIZA H. S
Address: PO BOX 1158
City-St-Zip: TELLURIDE, CO 81435

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: HERBERT W GOODALL III

D

02/19/2007

Electronic Signature of Signing Officer or Director

Date