يتية عفكنتنسده

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000007191

1. Corporation Name

DAVID & RUTH GORTON FAMILY CHARITABLE FOUNDATION , INC.

Principal Place of Business 1211 GULF OF MEXICO DR., APT. 103 LONGBOAT KEY FL 34228

2. Principal Place of Business

Mailing Address

2a. Malling Address

26

1211 GULF OF MEXICO DR., APT, 103 LONGBOAT KEY FL 34228

FILED Mar 02, 1999 8:00 am Secretary of State

Applied For

03-02-1999 90195 046 ****61.25

3. Date incorporated or Qualifed

12/21/1998

Suite, Apt	. #, etc.	Suite, Apr. #, etc.			17 C NOR FOLD		100 1 01	
22		27			65-088-5960	Not /	Applicable	
City & Sta	te ====	City & State	ستت حبيد		5. Certificate of Status Desired	\$8.75 Ad		
23		28			5. Certificate of Status Desired	Fee Req	uired	
Zip			Country		6. Election Campaign Financing	\$5.00 M	lay Be	
24	25	29 30	5	Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current				10. Name and Address of New Registered	i Agent		
			81	Name]	
			ييا					
GORTON, DAVID			82 Street Address (P.O. Box Number is Not Acceptable)					
1211 GULF OF MEXICO DR., APT. 103			83					
LONGBO	at key fl. 34228		"					
			84	City	- · · · · · · · · · · · · · · · · · · ·	85 Zip Co	ode	
			<u> </u>	l		<u> </u>		
11. Pursuan office or	t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 617.1508, Florida Statutes, Florida. Such change was auth ms of. Section 617.0503, Florida	, the above orized by a Statutes	e-named corpo the corporatio i.	oration submits this statement for the purpose on's board of directors, I hereby accept the appoint	intment as regi	stered	
							i i	
SIGNATURE	Signature, typed or printed name of registered egent a	and title if applicable (NOTE: Re	gistared Age	nt algneture required	d when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	president 0	☐ DELETE	1,1 TITLE	P	RESIDENT	Change	Addition	
NAME		an l	1.2 NAME	Ø	AVID GORTON	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	الم	
STREET ADDRESS 12 1 COLLEGE MIMONIC DR #103			1.3 STREET	TADDRESS 13	11 Gulf of Mexico DRIV		-(l	
			1.4 CITY-5	1.1	ONG BOAT KEY , FL	134238	'	
CITY-ST-ZIP			21 TITLE		LP. Sict. Traki	Change	Addition	
]	Scottly Treasun		2.2 NAME	0.	UTH GORTON	1	1 1	
Marin No High			2.3 STREET	7.222222	HI GULF of MEXICO DRIVE	日 日 107	3 '	
STREET ADDRESS		2 H123			MGBOAT KEY, FI. 34	138 -	1 (
CRY-ST-ZIP	Lung box + Yey, Fl	34123	2.4 CITY-5		taseral V.P	(T) Change	Addition	
TITLE	V. P.	DELETE	3.1 TITLE			1		
NAME	AMO GURTON	D	3.2 NAME	1 -	MY GORTON			
STREET ADDRESS	3466 PACIFIC AV		3.3 STREET		966-PACIFICAX	F 9/029	a	
CITY-ST-ZIP	MARIMA DEL RET	, CALIE. 90292	3.4. CTTY-5	T-ZIP	ARIMA DEL REY, CALII		Addition	
TITLE		(DELETE	4,1 TITLE		\	Ckange	☐ ADDIEST	
NAME			4.2 NAME	ŀ			1	
STREET ADDRESS	s		4.3 STREET	TADDRESS			1	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
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STREET ADDRESS	اء		5.3 STREE	TADORES\$				
	7)	i	5.4 City-S	T-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition	
l ···-	}		62 NAME				ſ	
NAME			6.3 STREET	TADORESS				
STREET ADDRESS	5		64 CITY-5	1				
	I.		= + + 1 TY. S	1-48				

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14. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

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