


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000007191 1. Entity Name DAVID & RUTH GORTON FAMILY CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 1281 GULF OF MEXICO DR. APT 508 LONGBOAT KEY, FL 34228	Mailing Address 1281 GULF OF MEXICO DR. APT 508 LONGBOAT KEY, FL 34228
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04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0885960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  GORTON, DAVID 1211 GULF OF MEXICO DR., APT. 508 LONGBOAT KEY, FL 34228
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORTON, DAVID 1281 GULF OF MEXICO DRIVE, APT 508 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GORTON, RUTH 1281 GULF OF MEXICO, APT 508 LONGBOAT KEY, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORTON, AMY 2608 BEACH AVE. LOS ANGELES, CA 90291
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000303259 04/13/05-20107-007 61.25
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David G. Gorton 4/7/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #