2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N98000007191

Entity Name: DAVID & RUTH GORTON FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

1281 GULF OF MEXICO DR.
APT 508
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

1281 GULF OF MEXICO DR.
APT 508
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 65-0885960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORTON, DAVID
1211 GULF OF MEXICO DR., APT. 508
LONGBOAT KEY, FL 34228 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: PD ( ) Delete
Name: GORTON, DAVID
Address: 1281 GULF OF MEXICO DRIVE, APT 508
City-St-Zip: LONGBOAT KEY, FL 34228

Title: STD ( ) Delete
Name: GORTON, RUTH
Address: 1281 GULF OF MEXICO, APT 508
City-St-Zip: LONGBOAT KEY, FL 34223

Title: VD ( ) Delete
Name: GORTON, AMY
Address: 2608 BEACH AVE.
City-St-Zip: LOS ANGELES, CA 90291 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GORTON, DAVID
Address: 1281 GULF OF MEXICO DRIVE, APT 508
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: STD (X) Change ( ) Addition
Name: GORTON, RUTH
Address: 1281 GULF OF MEXICO, APT 508
City-St-Zip: LONGBOAT KEY, FL 34223 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID GORTON PRES 01/16/2009

Electronic Signature of Signing Officer or Director — Date