2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

507 E. 3RD STREET

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

PANAMA CITY FL 32401

DOCUMENT # **N99000002136**

507 E. 3RD STREET

PANAMA CITY FL 32401

Suite, Apt. #, etc.

GOODING, JOHN M

507 E. 3RD STREET PANAMA CITY FL 32401

the obligations of registered agent.

City & State

Zip

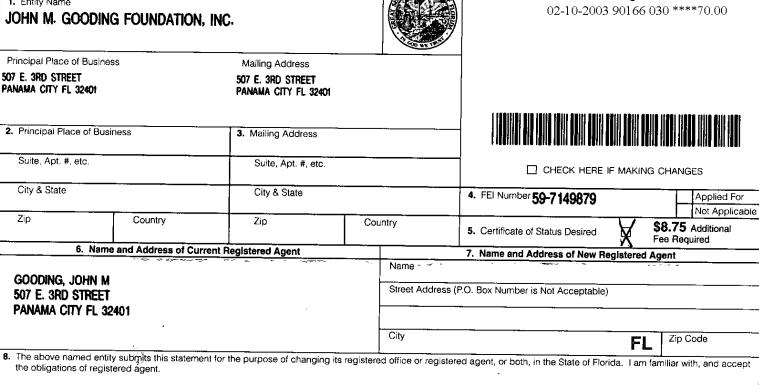
Principal Place of Business

2. Principal Place of Business

JOHN M. GOODING FOUNDATION, INC.



FILED Feb 10, 2003 8:00 am Secretary of State



SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIRECTORS		11,	ADDITIONS/CHANG	J SES TO OFFICERS AND DIRECTORS I	N 10
TITLE // NAME STREET ADDRESS CITY-ST-ZIP	D Gooding, John M 507 E. 3RD Street Panama City Fl 32401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition S
NAME STREET ADDRESS CITY-ST-ZIP	D KRADEL, BRIAN K 801 E. 6TH ST. PANAMA CITY FL:32401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	المراجعة المستورة المستورة	☐ Change	☐ Addition
	D KUNTZ, RICK 4164 BAY POINT RD PANAMA CITY BEACH FL 32411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY_ST_7IP		Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Schanged, or on an attachment with an address, with all other like empowered. orida Statutes. I further certify that the information eath; that I am an officer or director ne appears in Block 10 or Block 11 if

SIGNATUFFERECMIRE

850-785-3185