


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002290 1. Entity Name THE W.C. GENTRY FAMILY FOUNDATION, INC.	
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Principal Place of Business ONE INDEPENDENT DRIVE SUITE 1701 JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT DRIVE SUITE 1701 JACKSONVILLE, FL 32202
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DO NOT WRITE IN THIS SPACE



02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3569199	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GENTRY, W.C. ONE INDEPENDENT DRIVE SUITE 1701 JACKSONVILLE, FL 32202
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTRY, W.C. ONE INDEPENDENT AVENUE, SUITE 1701 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTRY, SUSAN R ONE INDEPENDENT AVENUE, SUITE 1701 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, JENNIFER G ONE INDEPENDENT AVENUE, SUITE 1701 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, STEPHANIE G ONE INDEPENDENT AVENUE, SUITE 1701 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIERS, ALLISON G ONE INDEPENDENT AVENUE, SUITE 1701 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/27/06-80034-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

SIGNATURE: W.C. Gentry 2/16/06 904 356 4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #