

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90104 022 ****61.25

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01052007 Chg-NP CR2E037 (12/06)

DOCUMENT # N99000002290 1. Entity Name THE W.C. GENTRY FAMILY FOUNDATION, INC.					
Principal Place of Business ONE INDEPENDENT DRIVE SUITE 1701 JACKSONVILLE, FL 32202			Mailing Address ONE INDEPENDENT DRIVE SUITE 1701 JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box # 136 E. Bay Street Suite, Apt. #, etc. Suite 300 City & State		3. Mailing Address 136 E. Bay Street Suite, Apt. #, etc. Suite 300 City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3569199	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENTRY, W.C. ONE INDEPENDENT DRIVE SUITE 1701 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 136 East Bay Street Suite 300 City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENTRY, W.C.		NAME	136 E. Bay Street, #300	
STREET ADDRESS	ONE INDEPENDENT AVENUE, SUITE 1701		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENTRY, SUSAN R		NAME	" " "	
STREET ADDRESS	ONE INDEPENDENT AVENUE, SUITE 1701		STREET ADDRESS	" " "	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	" " "	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, JENNIFER G		NAME	" " "	
STREET ADDRESS	ONE INDEPENDENT AVENUE, SUITE 1701		STREET ADDRESS	" " "	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	" " "	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, STEPHANIE G		NAME	" " "	
STREET ADDRESS	ONE INDEPENDENT AVENUE, SUITE 1701		STREET ADDRESS	" " "	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	" " "	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIERS, ALLISON G		NAME	" " "	
STREET ADDRESS	ONE INDEPENDENT AVENUE, SUITE 1701		STREET ADDRESS	" " "	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	" " "	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, trustee, or 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:			1/2/07 356-4100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		