2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2005 08:00 AM DOCUMENT # N9900005516 **Secretary of State** 1. Entity Name GANOTE FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 17256 7TH ST E 17256 7TH ST E SONOMA CA 95476 SONOMA CA 95476 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 65-0949411 Not Applicat Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SACHER, CHARLES P Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE RD., STE. 1101 CORAL GABLES FL City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Electron Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PTD TITLE ☐ Delete DitE M Additio GANOTE, LEN A NAME NAME 17256 7TH ST E STREET ADDRESS STREET ADDRESS SONOMA CA 95476 CITY - ST - ZIP CHY+ST-7/P ☐ Delete Ditt ☐ Change □ Additio GANOTE, ANN L NAME NAME 17256 7TH ST E STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SONOMA CA 95476 CHY-ST-ZIP D ☐ Delete I:TLE ☐ Change □ Addibi TURNER, MICHELLE NAME STREET ADDRESS 8 REBELO LANE STREET ADDRESS NOVATO CA 94947 CITY-ST-ZIP CHTY-ST-7IP TITLE Delete DILLE Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP TITLE ☐ Delete bitE Change Addition 10000020254; 01/29/05-80114 NAME NAME -018 61.25 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-78P IIILE ☐ Delete Hill ☐ Change Additio 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 exemption stated in Section 119.07(3)(f), Florida Statutes | 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 in the corporation of 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 in the corporation of the receiver of the recei

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

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