
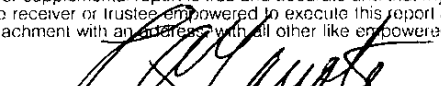


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90104 007 \*\*\*\*61.25

<b>DOCUMENT # N99000005516</b> 1. Entity Name <b>GANOTE FAMILY FOUNDATION, INC.</b>			
Principal Place of Business <b>17256 7TH ST E SONOMA CA 95476</b>		Mailing Address <b>17256 7TH ST E SONOMA CA 95476</b>	
2. Principal Place of Business <b>2 BEAR CREEK RD</b>		3. Mailing Address <b>2 BEAR CREEK RD</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>NOVATO, CA</b>		City & State <b>NOVATO, CA</b>	
Zip <b>94947</b>		Zip <b>94947</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0949411</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SACHER, CHARLES P 2655 LE JEUNE RD., STE. 1101 CORAL GABLES FL</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GANOTE, LEN A 17256 7TH ST E SONOMA CA 95476	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GANOTE, LEN A 2 BEAR CREEK RD NOVATO, CA 94947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GANOTE, ANN L 17256 7TH ST E SONOMA CA 95476	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GANOTE, ANN L 2 BEAR CREEK RD NOVATO, CA 94947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURNER, MICHELLE 8 REBELO LANE NOVATO CA 94947	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.			
SIGNATURE: 		3/2/06 415,893.1909	