2008 NOT-FOR-PROFIT CORPORATION ANNUAL-REPORT

DOCUMENT # N99000005516

1. Entity Name

GANOTE FAMILY FOUNDATION, INC.



FILED Jan 11, 2008 08:00 AN Secretary of State

Principal Place of Business

65 CENTURY DR MILL VALLEY, CA 94941 Mailing Address

65 CENTURY DR MILL VALLEY, CA 94941

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DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0949411

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SACHER, CHARLES P 2655 LE JEUNE RD., STE. 1101 CORAL GABLES, FL

SIGNATURE:

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. It am familiar with, and accept the obligations of registered agent.					
-the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required with				DATE	
	Filling Fee is \$61.25 · · · 9. Election Camp	• • –	\$5.00 May Be Added to Fees		
	Due by May 1, 2008	···	Added to rees		
10.	OFFICERS AND DIRECTORS		-		
TITLE	PDT				
NAME STREET ADDRESS	GANOTE, LEN A 65 CENTURY DR				
CITY-ST-ZIP	MILL VALLEY, CA 94941				
TITLE	VSD			U00000781152 01/15/08-80018-023 61.25	
NAME	GANOTE, ANN L		01/15/08-80018-023 61.25		
STREET ADDRESS	65 CENTURY DR				
CITY-ST-ZIP	MILL VALLEY, CA 94941				
TITLE	D		DO NOT WRITE IN THIS SPACE		
NAME CONCET ADDRESS	TURNER, MICHELLE				
STREET ADDRESS CITY-ST-ZIP	8 REBELO LANE NOVATO, CA 94947				
TITLE	HOVATO, OA SASAT				
NAME	· .				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE .					
.NAME STREET ADDRESS				B NICHBART IN THE PROPERTY OF	
CITY-ST-ZIP	EFFER OF THE STATE				
TITLE	:	,	্ছাৰ ইপিটি প্ৰ		
NAME			· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS				The second secon	
CITY-ST-ZIP		<u> </u>	taland in Observation 446	2 Florido Ctatutos I further portifu that the information	
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 like empowered.					