

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006754

FILED
Apr 10, 2007
Secretary of State

Entity Name: GOLD MEDAL HONORS FOUNDATION, INC.

Current Principal Place of Business:

1572 N. WOODLAND BLVD
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

38832 ILEX TRAIL
EUSTIS, FL 32736

New Mailing Address:

FEI Number: 59-3612368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARZ, LILY
1572 N. WOODLAND BLVD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHWARZ, LILY
Address: 38832 ILEX TRAIL
City-St-Zip: EUSTIS, FL 32736

Title: VD () Delete
Name: SCHWARZ, ADAM
Address: 38832 ILEX TRAIL
City-St-Zip: EUSTIS, FL 32736

Title: STD () Delete
Name: SCHWARZ, TERESA
Address: 38832 ILEX TRAIL
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: BENNETT, HAROLD L
Address: 1238 RIDGEWOOD AVE
City-St-Zip: HOLLYHILL, FL 32177

Title: D () Delete
Name: LOVIK, MARKETA
Address: 1055 CARTER RD
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: D () Delete
Name: TAHER, RAEFAT
Address: 10600 BLUMFIELD DRIVE #233
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SCHWARZ, TERESA
Address: PO BOX 546
City-St-Zip: DELAND, FL 32721

Title: D (X) Change () Addition
Name: LOVIK, DALE L
Address: 1055 CARTER RD
City-St-Zip: DELEON SPRINGS, FL 32130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILY SCHWARZ

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date