## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007007

Entity Name: THE GARY CARTER FOUNDATION, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
560 VILLAGE BLVD SUITE 260 WEST PALM BEACH, FL 33409				580 VILLAGE BLVD SUITE 315 WEST PALM BEACH, F	L 33409
Current Mailing Address:				New Mailing Address:	
560 VILLAGE BLVD SUITE 260 WEST PALM BEACH, FL 33409			580 VILLAGE BLVD SUITE 315 WEST PALM BEACH, FL 33409		
FEI Number:		FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
NOLAN, THOMAS M 560 VILLAGE BLVD SUITE 260 WEST PALM BEACH, FL 33049 US				NOLAN, THOMAS M 580 VILLAGE BLVD SUITE 315 WEST PALM BEACH, FL 33049 US	
in the State		ubmits this statement for the pu	rpose o	f changing its registered of	office or registered agent, or both,
SIGNATURE: THOMAS M NOLAN				04/29/2009	
	Electronic	c Signature of Registered Agen	t		Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	CARTER, GARY 15 HUNTLY DRIV PALM BEACH GI	/E		Name: Address: City-St-Zip:	) Change ()Addition )Change ()Addition
Name: Address: City-St-Zip:	CARTER, SANDE 15 HUNTLY DRIV PALM BEACH GI	RA K /E		Name: Address: City-St-Zip:	, onlyings ( ) , realison
Title: Name: Address: City-St-Zip:	PETERSEN, SUS	CH LAKES BLVD.		Title: ( Name: Address: City-St-Zip:	) Change ()Addition
Title: Name: Address: City-St-Zip:	TD ()[ SNIDER, JEFFRI 3715 TORRES O WEST PALM BE	IRCLE		Title: ( Name: Address: City-St-Zip:	) Change ()Addition
Title: Name: Address: City-St-Zip:	D () I KEARCE, CHRIS 4254 MAGNOLIA WESTON, FL 33	RIDGE DRIVE		Title: ( Name: Address: City-St-Zip:	) Change ()Addition
Title: Name: Address: City-St-Zip:	CARTER, KIMBE 15 HUNTLY DRIV			Title: ( Name: Address: City-St-Zip:	) Change ()Addition

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY P SNIDER TD 04/29/2009