2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N99000007007

Entity Name: THE GARY CARTER FOUNDATION, INC.

Current Principal Place of Business:

560 VILLAGE BLVD
SUITE 260
WEST PALM BEACH, FL 33409

New Principal Place of Business:

580 VILLAGE BLVD
SUITE 315
WEST PALM BEACH, FL 33409

Current Mailing Address:

560 VILLAGE BLVD
SUITE 260
WEST PALM BEACH, FL 33409

New Mailing Address:

580 VILLAGE BLVD
SUITE 315
WEST PALM BEACH, FL 33409

FEI Number: 65-0964076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLAN, THOMAS M
560 VILLAGE BLVD
SUITE 260
WEST PALM BEACH, FL 33049 US

Name and Address of New Registered Agent:

NOLAN, THOMAS M
580 VILLAGE BLVD
SUITE 315
WEST PALM BEACH, FL 33049 US

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: THOMAS M NOLAN 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARTER, GARY E
Address: 15 HUNTLY DRIVE
City-St-Zip: PALM BEACH GRDNS, FL 33418

Title: VD ( ) Delete
Name: CARTER, SANDRA K
Address: 15 HUNTLY DRIVE
City-St-Zip: PALM BEACH GRDNS, FL 33418

Title: SD ( ) Delete
Name: PETERSEN, SUSAN L
Address: 1645 PALM BEACH LAKES BLVD.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD ( ) Delete
Name: SNIDER, JEFFREY P
Address: 3715 TORRES CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete
Name: KEARCE, CHRISTINA A
Address: 4254 MAGNOLIA RIDGE DRIVE
City-St-Zip: WESTON, FL 33331

Title: D ( ) Delete
Name: CARTER, KIMBERLY N
Address: 15 HUNTLY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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
Electronic Signature of Signing Officer or Director Date