2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# N99000007427

Entity Name: GARTHWAITE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4731 BONITA BAY BLVD.
1003
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1388
BONITA SPRINGS, FL 341331388

New Mailing Address:

FEI Number: 59-3612238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUCKEL, ROBERT M
5801 PELICAN BAY BLVD. #300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

CLARY, MARY BETH
5801 PELICAN BAY BLVD. #300
NAPLES, FL 34108 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: MARY BETH CLARY 04/08/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GARTHWAITE, STEPHEN J
Address: PO BOX 1388
City-St-Zip: BONITA SPRINGS, FL 34133

Title: ED ( ) Delete
Name: GARTHWAITE, JENNIFER A
Address: PO BOX 1388
City-St-Zip: BONITA SPRINGS, FL 34133

Title: D ( ) Delete
Name: GARTHWAITE, JONATHAN A
Address: PO BOX 1388
City-St-Zip: BONITA SPRINGS, FL 34133

Title: D ( ) Delete
Name: GARTHWAITE, SUSANNA H
Address: PO BOX 1388
City-St-Zip: BONITA SPRINGS, FL 34133

Title: D ( ) Delete
Name: CLARY, MARY BETH M
Address: PO BOX 1388
City-St-Zip: BONITA SPRINGS, FL 34133

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:

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: STEPHEN J GARTHWAITE PRES 04/08/2008
Electronic Signature of Signing Officer or Director Date