

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059274

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE GIDDENS FAMILY TRUST, INC

Current Principal Place of Business:

7736 NILE RIVER ROAD
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

7736 NILE RIVER ROAD
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 26-6425068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIDDENS, STEVEN C
111 DOOLEN COURT
306C
NORTH PALM BEACH, FL 33408 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIDDENS, WILLIAM W
Address: 7736 NILE RIVER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP () Delete
Name: GIDDENS, ADELLE G
Address: 7736 NILE RIVER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S/T () Delete
Name: GIDDENS, STEVEN C
Address: 111 DOOLEN COURT, APT 306C
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DIR () Delete
Name: WOLTER, SUSAN M
Address: 2855 FENEL AVENUE
City-St-Zip: GRAND JUNCTION, CO 81501

Title: DIR () Delete
Name: JONES, JODIE L
Address: 110 WINDSORVILLE ROAD
City-St-Zip: BROAD BROOK, CT 06016

Title: DIR () Delete
Name: CUTRIGHT, BILLIE D
Address: 5335 GLEN WOOD CREEK
City-St-Zip: CLARKSTON, MI 48348

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:

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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN C. GIDDENS

S/T

04/06/2009

Electronic Signature of Signing Officer or Director

Date