

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008530

**Entity Name:** GACX, INC.

**Current Principal Place of Business:**

GENERAL COUNSEL'S OFFICE  
100 LAKE HART DR. MC 3500  
ORLANDO, FL 32832

**Current Mailing Address:**

GENERAL COUNSEL'S OFFICE  
100 LAKE HART DR. MC 3500  
ORLANDO, FL 32832

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            SHANKO, BEKELE  
Address        100 LAKE HART DRIVE - 2100  
City-State-Zip: ORLANDO FL 32832

Title            DIRECTOR  
Name            LACICH, DAN  
Address        100 LAKE HART DRIVE - 3500  
City-State-Zip: ORLANDO FL 32832

Title            DIRECTOR  
Name            NELMS, DAVID M.  
Address        100 LAKE HART DRIVE - 3500  
City-State-Zip: ORLANDO FL 32832

Title            DIRECTOR  
Name            BECKER, PAUL  
Address        100 LAKE HART DRIVE - 3500  
City-State-Zip: ORLANDO FL 32832

Title            DIRECTOR  
Name            SHARPLESS, JERRY L.  
Address        100 LAKE HART DRIVE - 2100  
City-State-Zip: ORLANDO FL 32832

Title            SECRETARY  
Name            HAUER, SALLY E.  
Address        100 LAKE HART DRIVE - 3500  
City-State-Zip: ORLANDO FL 32832

Title            TREASURER  
Name            TJERNAGEL, MARK D.  
Address        100 LAKE HART DRIVE - 3900  
City-State-Zip: ORLANDO FL 32832

*I hereby 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 all other like empowered.*

**SIGNATURE:** SALLY E. HAUER

**SECRETARY**

**04/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date