

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005516

Entity Name: GANOTE FAMILY FOUNDATION, INC.**Current Principal Place of Business:**139 HANAPEPE LOOP
HONOLULU, HI 96825**Current Mailing Address:**139 HANAPEPE LOOP
HONOLULU, HI 96825 US**FEI Number: 65-0949411****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHER, CHARLES P
2655 LE JEUNE RD., STE. 1101
CORAL GABLES, FL 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	PDT
Name	GANOTE, LEN A
Address	139 HANAPEPE LOOP
City-State-Zip:	HONOLULU HI 96825

Title	VSD
Name	GANOTE, ANN L
Address	139 HANAPEPE LOOP
City-State-Zip:	HONOLULU HI 96825

Title	D
Name	TURNER, MICHELLE
Address	56 SANDY CREEK WAY
City-State-Zip:	NOVATO CA 94947

Title	D
Name	GANOTE, MATTHEW
Address	1137 KAMEHAME DR.
City-State-Zip:	HONOLULU, HI 96825

Title	D
Name	GANOTE, SUZANNE M
Address	1104 HANO HANO WAY
City-State-Zip:	HONOLULU HI 96825

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: LEN A. GANOTE**PRESIDENT****01/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date