

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90020 030 \*\*\*\*61.25

**DOCUMENT # N02000003193**



1. Entity Name  
**BOBBY NICHOLS-FIDDLESTICKS FOUNDATION, INC.**

Principal Place of Business  
 C/O WILLIAM N. HOROWITZ, ESQ.  
 24311 WALDEN CENTER DR, STE 201  
 BONITA SPRINGS, FL 34134

Mailing Address  
 C/O WILLIAM N. HOROWITZ, ESQ.  
 24311 WALDEN CENTER DR, STE 201  
 BONITA SPRINGS, FL 34134

**24003876**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**15391 Cannongate Drive**  
 Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State  
**Fort Myers, Florida**

4. FEI Number  
**04-3649766**

Applied For  
 Not Applicable

Zip  
**33912**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CLASP, INC.**  
 24311 WALDEN CENTER DR, STE 201  
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLKEN, GERALD L 15550 KILBIRNIE DR FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rogers, John W. 15941 Glenisle Way Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GENTLEMAN, JOHN F 8461 GLENFINNAN CIR FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Gentleman, John F. 8461 Glenfinnan Circle Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, BOBBY 8681 GLENLYON CT FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fike, William H. 15630 Queensferry Drive Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, EARL 14321 KILBIRNIE DR FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Horowitz, William N. 15529 Fiddlesticks Blvd. Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWYER, JAMES A 15185 FIDDLESTICKS BLVD FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Dwyer, James A. 15185 Fiddlesticks Blvd. Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWEHUES, THOMAS 5025 COMPASS LANE FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Twehues, Thomas 5025 Compass Lane Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gerald L. Wolken, President** **239 561 1993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #