
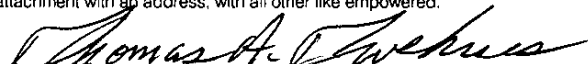


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90571 021 ****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 15391 CANNONGATE DRIVE FORT MYERS, FL 33912		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04192005 Chg-NP CR2E037 (10/03)	
4. FEI Number 04-3649766				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLASP, INC. 24311 WALDEN CENTER DR, STE 201 BONITA SPRINGS, FL 34134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DX D <input type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WOLKEN, GERALD L	NAME	Fike, Bill		
STREET ADDRESS	15550 KILBIRNIE DR	STREET ADDRESS	15761 Lockmaben		
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	DX DVP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GENTLEMAN, JOHN F	NAME	Rogers, Jack		
STREET ADDRESS	8461 GLENFINNAN CIR	STREET ADDRESS	15941 Glenisle Way		
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NICHOLS, BOBBY	NAME	Clair, Nancy		
STREET ADDRESS	8681 GLENLYON CT	STREET ADDRESS	15670 Queensferry Drive		
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	DX DT <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOLLAND, EARL	NAME	Smith, Robb		
STREET ADDRESS	14321 KILBIRNIE DR	STREET ADDRESS	15524 Fiddlestick Blvd.		
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DWYER, JAMES A	NAME	Thorstenson, Bob		
STREET ADDRESS	15185 FIDDLESTICKS BLVD	STREET ADDRESS	15627 Carriedale Lane		
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	DX DP <input type="checkbox"/> Delete	TITLE			
NAME	TWEHUES, THOMAS	NAME			
STREET ADDRESS	5025 COMPASS LANE	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	