


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90195 027 \*\*\*\*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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLKEN, GERALD L		NAME	Lancellot, Mike	
STREET ADDRESS	15550 KILBIRNIE DR		STREET ADDRESS	15292 Fiddlesticks Boulevard	
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENTLEMAN, JOHN F		NAME	Fike, Bill	<del>Delete</del>
STREET ADDRESS	8461 GLENFINNAN CIR		STREET ADDRESS	15761 Lockmaben Avenue	
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ROBB		NAME	Clair, Nancy	
STREET ADDRESS	15524 FIDDLESTICKS BLVD		STREET ADDRESS	15670 Queenferry Drive	
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLAND, EARL		NAME	Rogers, Jack	
STREET ADDRESS	14321 KILBIRNIE DR		STREET ADDRESS	15941 Glenisle Way	
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORSTENSON, BOB		NAME	John Steep	
STREET ADDRESS	15627 CARRIE DALE LANE		STREET ADDRESS	15841 Kilmarnock Drive	
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TWEHUES, THOMAS		NAME	Mike Sherman	
STREET ADDRESS	5025 COMPASS LANE		STREET ADDRESS	15730 Pipers Glen	
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Fort Myers FL 33912	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jack Rogers</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JACK ROGERS		Date: 4/26/06	
				Daytime Phone #: 239-768-1111	

50017423



03212006 Chg-NP CR2E037 (11/05)

4. FEI Number 04-3649766 Applied For Not Applicable

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

FL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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		
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CITY-ST-ZIP	FT MYERS, FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lancellot, Mike	
STREET ADDRESS	15292 Fiddlesticks Boulevard	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fike, Bill	<del>Delete</del>
STREET ADDRESS	15761 Lockmaben Avenue	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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NAME	Mike Sherman	
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CITY-ST-ZIP	Fort Myers FL 33912	

SIGNATURE:

*Jack Rogers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JACK ROGERS

4/26/06  
 Date

239-768-1111  
 Daytime Phone #