


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90087 020 ****61.25

DOCUMENT # N02000003193
 1. Entity Name
BOBBY NICHOLS-FIDDLESTICKS FOUNDATION, INC.



40014257



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 - No P.O. Box #
8000 Health Center Blvd.

Suite, Apt. #, etc.
Suite 300

City & State
Bonita Springs, Florida

Zip
34135

Country
Lee

3. Mailing Address
 Suite, Apt. #, etc.

01122007 Chg-NP CR2E037 (12/06)

4. FEI Number
04-3649766

Applied For
 Not Applicable

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)
8000 Health Center Boulevard, Suite 300
 City **Bonita Springs, FL** Zip Code **34135**

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, 2007

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WOLKEN, GERALD L	
STREET ADDRESS	15550 KILBIRNIE DR	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANCELOTT, MIKE	
STREET ADDRESS	15292 FIDDLESTICKS BLVD	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ROBB	
STREET ADDRESS	15524 FIDDLESTICKS BLVD	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HOLLAND, EARL	
STREET ADDRESS	14321 KILBIRNIE DR	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAIR, NANCY	
STREET ADDRESS	15670 QUEENFERRY DR	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	TWEHUES, THOMAS	
STREET ADDRESS	5025 COMPASS LANE	
CITY-ST-ZIP	FT MYERS, FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Rogers	
STREET ADDRESS	15941 Glenisle Way	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Lancelott	
STREET ADDRESS	15292 Fiddlesticks Blvd.	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Sherman	
STREET ADDRESS	15730 Pipers Glen	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earl Holland	
STREET ADDRESS	15270 Kilbirnie Drive	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Streep	
STREET ADDRESS	15841 Kilmarnock Drive	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Thorstenson	
STREET ADDRESS	15627 Carriedale Lane	
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 information.

SIGNATURE: Earl P. Holland Date: 1-23-07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Earl P. Holland, President

ATTACHMENT

40014257

#NO2000003193

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES AND DIRECTORS IN 10
TITLE	TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME Nancy Clair
STREET ADDRESS	STREET ADDRESS 15670 Queenferry Drive
CITY-ST-ZIP	CITY-ST-ZIP Fort Myers, FL 33912