


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-28-2008 90344 023 *****61.25
N02000003193

DOCUMENT # N02000003193

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



FILED
08 MAY 13 PM 2:00

Principal Place of Business
**8000 HEALTH CENTER BLVD
SUITE 300
BONITA SPRINGS, FL 34135**

Mailing Address
**15391 CANNONGATE DRIVE
FORT MYERS, FL 33912**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04232008 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.
8000 HEALTH CENTER BLVD
SUITE 300
BONITA SPRINGS, FL 34135**

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, 2008**

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	D WOLKEN, GERALD L 15550 KILBIRNIE DR FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER VAN DER MEY 15600 FIDDLESTICKS BLVD FORT MYERS, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANCELOTT, MIKE 15292 FIDDLKESTICKS BLVD FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB MARTIN 15725 GLENISLE WAY FORT MYERS, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBB 15524 FIDDLESTICKS BLVD FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLI MARIE 3621 GLEN LYON COURT FORT MYERS, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLAND, EARL 15270 KILBIRNIE DRIVE FORT MYERS, FL 33912 <input type="checkbox"/> Delete <i>7/5/13</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 NANCY CLAIR 15670 QUEENFERRY DRIVE FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAIR, NANCY 15870 QUEENFERRY DR FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROGERS, JACK 15941 GLENISLE WAY FORT MYERS, FL 33912 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Earl P. Holland* _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR