

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

DOCUMENT # N28207	
1. Entity Name THE BERT FISH FOUNDATION, INC.	
Principal Place of Business BERT FISH FOUNDATION 3 DELAND FL 32724 US	Mailing Address BERT FISH FOUNDATION P. O. BOX 46 N/A DELAND FL 32721 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3020772	Applied For <input type="checkbox"/> 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
MCKINNON, NOAH C. JR. 595 WEST GRANADA BLVD., SUITE A ORMOND BEACH FL 32074	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 Noah C. McKinnon, Jr. *Noah C. McKinnon Jr* 1/23/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing) DATE

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	SCHILDECKER, WILLIAM W.			NAME			
STREET ADDRESS	7 PLEASANT VIEW CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	WARD, CARL			NAME			
STREET ADDRESS	2910 DIXIE HWY			STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW HILLS KY 41017			CITY-ST-ZIP			
TITLE	VDT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MASTER, JOSEPH			NAME			
STREET ADDRESS	145 EAST RICH AVE STE A			STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32724			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	REID, ALICE C			NAME			
STREET ADDRESS	1209 WEEPING WILLOW DRIVE			STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32724			CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	KEEBLER, WILLIAM			NAME			
STREET ADDRESS	110 FALLEN TIMBER TRAIL			STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32724			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alice C. Reid ALICE C. REID 1/25/06 386-734-2124