


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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
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01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3020772	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

MCKINNON, NOAH C. JR.
595 WEST GRANADA BLVD., SUITE A
ORMOND BEACH, FL 32074

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8. The above named party 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: *[Signature]* **1/15/08**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SCHILDECKER, WILLIAM W. 7 PLEASANT VIEW CIRCLE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WARD, CARL 2910 DIXIE HWY CRESTVIEW HILLS, KY 41017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT MASTER, JOSEPH 145 EAST RICH AVE STE A DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REID, ALICE C 1209 WEEPING WILLOW DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KEEBLER, WILLIAM 110 FALLEN TIMBER TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/22/08-80026-015 61.25

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: *[Signature]* **ALICE C. REID** **1/15/08** **386-734-2124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #