2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N46662

1. Entity Name

Principal Place of Business

8049 WHISPER LAKE LANE WEST PONTE VEDRA BEACH, FL 32082

C/O RANDALL E. FALCK

THE FALCK FOUNDATION, INC.



Mailing Address

C/O RANDALL E. FALCK 8049 WHISPER LAKE LANE WEST PONTE VEDRA BEACH, FL 32082 FILED Apr 30, 2008 08:00 AN Secretary of State



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04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For S9-3098588 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FALCK, RANDALL E. 8049 WHISPER LAKE LANE, WEST PONTE VEDRA BEACH, FL 32082

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

RANDALL E. L. FALCK 4-24-08 (904)

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retretating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000938057	
10.	OFFICERS AND DIREC	TORS			 05/27/08-80075-022 61.25	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	TP FALCK, RANDALL E. L. 8049 WHISPER LAKE LANE, W PONTE VEDRA BEACH, FL 32082					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVST FRANC, DAPHNE A 8049 WHISPER LAKE LANE, W PONTE VEDRA BEACH, FL 32082		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WININGER, REBECCA F 5574 RAMBLEWOOD CT COLUMBUS, OH 43235					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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						

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