2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006141

1. Entity Name
THE FRUITCAKES FOUNDATION INC.

Principal Place of Business	Mailing Address
1017 RIDGE STREET NAPLES, FL 34103 US	1017 RIDGE STREET NAPLES, FL 34103 US

DO NOT WRITE IN THIS SPACE

02042008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-3668667	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LITCHFIELD, NIOSE
1017 RIDGE STREET
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   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	P
NAME	HOLTZ, MARY ANN PHD
STREET ADDRESS	602 SPRINGLINE DRIVE
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	ST
NAME	VOLPE, MICHAEL
STREET ADDRESS	711 5TH AVENUE S. #201
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	BM
NAME	CARTER, MAXINE
STREET ADDRESS	4323 SANCTUARY WAY
CITY-ST-ZIP	BONITA SPRINGS, FL 34143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000830163
02/26/08--80072--017 70.00

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #