

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006141

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE FRUITCAKES FOUNDATION INC.

Current Principal Place of Business:

1017 RIDGE STREET
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1017 RIDGE STREET
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-3668667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITCHFIELD, NIOSE
1017 RIDGE STREET
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLTZ, MARY ANN PHD
Address: 602 SPRINGLINE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: ST () Delete
Name: VOLPE, MICHAEL
Address: 711 5TH AVENUE S. #201
City-St-Zip: NAPLES, FL 34102

Title: BM () Delete
Name: CARTER, MAXINE
Address: 4323 SANCTUARY WAY
City-St-Zip: BONITA SPRINGS, FL 34143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIOSE LITCHFIELD

AGEN

03/23/2009

Electronic Signature of Signing Officer or Director

Date