

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90035 021 ****61.25

DOCUMENT # N01000007638

1. Entity Name
FANCELLI FOUNDATION, INC.



Principal Place of Business
**ONE LAKE MORTON DR.
LAKELAND, FL 33801**

Mailing Address
**P.O. BOX 3
LAKELAND, FL 33802-0003**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3753198

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VREELAND, JOHN K
ONE LAKE MORTON DR.
LAKELAND, FL 33801**

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

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **RICHARDS, GARY E**
STREET ADDRESS **2000 E. EDGEWOOD DR., SUITE 102**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **PD** ☐ Change ☒ Addition
NAME **Fancelli, Julia J.**
STREET ADDRESS **1355 Jefferson Drive**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **VD** ☐ Delete
NAME **CRAFT, BRENDA C**
STREET ADDRESS **2774 PRESTWICK DR.**
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE **D** ☐ Change ☒ Addition
NAME **Fancelli, Gregory J.**
STREET ADDRESS **1355 Jefferson Drive**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **D** ☐ Delete
NAME **FANCELLI, LESLIE D**
STREET ADDRESS **1355 JEFFERSON DR.**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **STD** ☒ Change ☐ Addition
NAME **Belcourt, Llewellyn N.**
STREET ADDRESS **331 South Florida Ave Ste. 400**
CITY-ST-ZIP **Lakeland, FL 33801-4626**

TITLE **D** ☐ Delete
NAME **FANCELLI, LAWRENCE M**
STREET ADDRESS **1355 JEFFERSON DR.**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VREELAND, JOHN K**
STREET ADDRESS **P.O. BOX 3**
CITY-ST-ZIP **LAKELAND, FL 338020003**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **BELCOURT, LLEWELLYN N**
STREET ADDRESS **500 S. FLORIDA AVE., 8TH FLOOR**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE ☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John K. Vreeland **JOHN K. VREELAND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/07

863-284-2200

Date

Daytime Phone #