

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2006  
Secretary of State**

DOCUMENT# N01000008066

Entity Name: UPPER CAPTIVA COMMUNITY CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

4560 ORO PESOS LANE  
PINELAND, FL 33945

**New Principal Place of Business:**

**Current Mailing Address:**

1235 YALE PLACE #907  
MINNEAPOLIS, MN 55403

**New Mailing Address:**

FEI Number: 65-1156136      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARK, GARFIELD  
13490 ROBERT RD  
PINELAND, FL 33945      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: D      ( ) Delete  
Name: CLARK, GARFIELD  
Address: 1235 YALE PLACE #907  
City-St-Zip: MINNEAPOLIS, MN 55403

Title: D      ( ) Delete  
Name: ANDREWS, MARCIA  
Address: 4591 HODGE PODGE LANE  
City-St-Zip: NORTH CAPTIVA, FL 33945

Title: D      ( ) Delete  
Name: MCDONALD, MARY LLOYD  
Address: 120 SWALLOW DRIVE  
City-St-Zip: NORTH CAPTIVA, FL 33945

Title: D      ( ) Delete  
Name: TOMPKINS, DAVID  
Address: 4591 HODGE PODGE LANE  
City-St-Zip: NORTH CAPTIVA, FL 33945

Title: D      ( ) Delete  
Name: CLARK, SHARON  
Address: 1235 YALE PLACE #907  
City-St-Zip: MINNEAPOLIS, MN 55403

**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:

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 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: GARFIELD CLARK

D

01/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date