## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008066

FILED Jan 16, 2006 Secretary of State

Entity Name: UPPER CAPTIVA COMMUNITY CENTER FOUNDATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	PESOS LANE D, FL 33945	
Current M	lailing Address:	New Mailing Address:
	E PLACE #907 OLIS, MN 55403	
FEI Number	: 65-1156136 FEI Number Applied Fo	or ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered A	gent: Name and Address of New Registered Agent:
CLARK, G 13490 ROI PINELANE		
	named entity submits this statement e of Florida.	for the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RF.	
	Electronic Signature of Regist	ered Agent Date
OFFICER		ered Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address:	Electronic Signature of Regist	· ·
Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Regist S AND DIRECTORS:  D () Delete CLARK, GARFIELD 1235 YALE PLACE #907	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition Name: Address:
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Electronic Signature of Regist  S AND DIRECTORS:  D () Delete CLARK, GARFIELD 1235 YALE PLACE #907 MINNEAPOLIS, MN 55403  D () Delete ANDREWS, MARCIA 4591 HODGE PODGE LANE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Name: Address: Name: Address:	Electronic Signature of Regist  S AND DIRECTORS:  D () Delete CLARK, GARFIELD 1235 YALE PLACE #907 MINNEAPOLIS, MN 55403  D () Delete ANDREWS, MARCIA 4591 HODGE PODGE LANE NORTH CAPTIVA, FL 33945  D () Delete MCDONALD, MARY LLOYD 120 SWALLOW DRIVE	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 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