

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Feb 12, 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:**4591 HODGEPODGE LANE
PO BOX 609
PINELAND, FL 33945**Current Mailing Address:**1235 YALE PLACE #907
MINNEAPOLIS, MN 55403**New Mailing Address:**4591 HODGEPODGE LANE
PO BOX 609
PINELAND, FL 33945

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:**TOMPKINS, DAVID
4591 HODGEPODGE LANE
PO BOX 609
PINELAND, FL 33945 US

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: DAVID TOMPKINS

02/12/2006

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 55403Title: D () Delete
Name: ANDREWS, MARCIA
Address: 4591 HODGE PODGE LANE
City-St-Zip: NORTH CAPTIVA, FL 33945Title: D () Delete
Name: MCDONALD, MARY LLOYD
Address: 120 SWALLOW DRIVE
City-St-Zip: NORTH CAPTIVA, FL 33945Title: D (X) Delete
Name: TOMPKINS, DAVID
Address: 4591 HODGE PODGE LANE
City-St-Zip: NORTH CAPTIVA, FL 33945Title: D (X) Delete
Name: CLARK, SHARON
Address: 1235 YALE PLACE #907
City-St-Zip: MINNEAPOLIS, MN 55403**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: DETURE, FRANCIS
Address: 4591 HODGEPODGE LANE
City-St-Zip: PINELAND, FL 33945Title: S/T (X) Change () Addition
Name: REED, RUSS
Address: 4591 HODGE PODGE LANE
City-St-Zip: NORTH CAPTIVA, FL 33945Title: VP (X) Change () Addition
Name: TOMPKINS, DAVID
Address: 4591 HODGEPODGE LANE
City-St-Zip: PINELAND, FL 33945Title: () 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: FRANCIS DETURE

P

02/12/2006

Electronic Signature of Signing Officer or Director

Date