## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000008066

TileD Feb 12, 2006 Secretary of State

Entity Name: UPPER CAPTIVA COMMUNITY CENTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4560 ORO PESOS LANE 4591 HODGEPODGE LANE

PINELAND, FL 33945 PO BOX 609

PINELAND, FL 33945

Current Mailing Address: New Mailing Address:

1235 YALE PLACE #907 4591 HODGEPODGE LANE

MINNEAPOLIS, MN 55403 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: Name and Address of New Registered Agent:

CLARK, GARFIELD TOMPKINS, DAVID

13490 ROBERT RD 4591 HODGEPODGE LANE

PINELAND, FL 33945 US 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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 CLARK, GARFIELD
 Name:
 DETURE, FRANCIS

 Address:
 1235 YALE PLACE #907
 Address:
 4591 HODGEPODGE LANE

 City-St-Zip:
 MINNEAPOLIS, MN 55403
 City-St-Zip:
 PINELAND, FL 33945

Title: D ( ) Delete Title: S/T (X) Change ( ) Addition

Name: ANDREWS, MARCIA Name: REED, RUSS

Address: 4591 HODGE PODGE LANE Address: 4591 HODGE PODGE LANE
City-St-Zip: NORTH CAPTIVA, FL 33945 City-St-Zip: NORTH CAPTIVA, FL 33945

Title: D ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MCDONALD, MARY LLOYD
 Name:
 TOMPKINS, DAVID

 Address:
 120 SWALLOW DRIVE
 Address:
 4591 HODGEPODGE LANE

 City-St-Zip:
 NORTH CAPTIVA, FL 33945
 City-St-Zip:
 PINELAND, FL 33945

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 TOMPKINS, DAVID
 Name:

 Address:
 4591 HODGE PODGE LANE
 Address:

 City-St-Zip:
 NORTH CAPTIVA, FL 33945
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CLARK, SHARON
 Name:

 Address:
 1235 YALE PLACE #907
 Address:

 City-St-Zip:
 MINNEAPOLIS, MN 55403
 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