


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-23-2007 90039 048 ****61.25

DOCUMENT # N01000008066 1. Entity Name UPPER CAPTIVA COMMUNITY CENTER FOUNDATION, INC.			
Principal Place of Business 4591 HODGEPODGE LANE PO BOX 609 PINELAND FL 33945		Mailing Address 4591 HODGEPODGE LANE PO BOX 609 PINELAND FL 33945	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent TOMPKINS, DAVID 4591 HODGEPODGE LANE PO BOX 609 PINELAND FL 33945				7. Name and Address of New Registered Agent 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: *David Tompkins 1-27-07* DATE

Signature, typed or printed name of registrant to agent and title, applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DETURE, FRANCIS			NAME			
STREET ADDRESS	4591 HODGEPODGE LANE			STREET ADDRESS			
CITY - ST - ZIP	PINELAND FL 33945			CITY - ST - ZIP			
TITLE	S/T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, RUSS			NAME			
STREET ADDRESS	4591 HODGEPODGE LANE			STREET ADDRESS			
CITY - ST - ZIP	NORTH CAPTIVA FL 33945			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMPKINS, DAVID			NAME			
STREET ADDRESS	4591 HODGEPODGE LANE			STREET ADDRESS			
CITY - ST - ZIP	PINELAND FL 33945			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David Tompkins 1-27-07* DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR