2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008066

1. Entity Name
UPPER CAPTIVA COMMUNITY CENTER FOUNDATION, INC.

Principal Place of Business	Mailing Address
4591 HODGEPODGE LANE PO BOX 609 PINELAND, FL 33945	4591 HODGEPODGE LANE PO BOX 609 PINELAND, FL 33945

DO NOT WRITE IN THIS SPACE

04152008 No Chg-NP   CR2E037 (4/06)

4. FEI Number 65-1156136	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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_   _16 APR 08_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000911367
05/07/08-80037-023 61.25

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	DETURE, FRANCIS
STREET ADDRESS	4591 HODGEPODGE LANE
CITY-ST-ZIP	PINELAND, FL 33945
TITLE	VP
NAME	TOMPKINS, DAVID
STREET ADDRESS	4591 HODGEPODGE LANE
CITY-ST-ZIP	PINELAND, FL 33945
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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_ _16 APR 08_ _239-395-0499_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #