

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N0100008066	
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



04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1156136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. 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 DAVID TOMPKINS 16 APR 08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000911367 05/07/08-80037-023 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DETURE, FRANCIS 4591 HODGEPODGE LANE PINELAND, FL 33945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOMPKINS, DAVID 4591 HODGEPODGE LANE PINELAND, FL 33945
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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 DAVID TOMPKINS 16 APR 08 239.395.0499
Signature and typed or printed name of signing officer or director Date Daytime Phone #