


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90087 020 ****61.25

DOCUMENT # N02000003193	
1. Entity Name BOBBY NICHOLS-FIDDLESTICKS FOUNDATION, INC.	

Principal Place of Business C/O WILLIAM N. HOROWITZ, ESQ. 24311 WALDEN CENTER DR, STE 201 BONITA SPRINGS, FL 34134	Mailing Address 15391 CANNONGATE DRIVE FORT MYERS, FL 33912
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2. Principal Place of Business - No P.O. Box # 8000 Health Center Blvd.	3. Mailing Address Suite, Apt. #, etc. Suite 300
City & State Bonita Springs, Florida	City & State
Zip 34135	Country Lee

40014257



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 04-3649766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLASP, INC. 24311 WALDEN CENTER DR, STE 201 BONITA SPRINGS, FL 34134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8000 Health Center Boulevard, Suite 300 City Bonita Springs, FL Zip Code 34135
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLKEN, GERALD L 15550 KILBIRNIE DR FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jack Rogers 15941 Glenisle Way Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCELOTT, MIKE 15292 FIDDLESTICKS BLVD FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mike Lancelott 15292 Fiddlesticks Blvd. Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBB 15524 FIDDLESTICKS BLVD FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Sherman 15730 Pipers Glen Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLLAND, EARL 14321 KILBIRNIE DR FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Earl Holland 15270 Kilbirnie Drive Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAIR, NANCY 15670 QUEENFERRY DR FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Streep 15841 Kilmarnock Drive Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TWEHUES, THOMAS 5025 COMPASS LANE FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Thorstenson 15627 Carriedale Lane Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 and answered.

SIGNATURE: Earl P. Holland 1-23-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Earl P. Holland, President

ATTACHMENT

40014257

#N02000003193

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES AND DIRECTORS IN 10
TITLE	TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME Nancy Clair
STREET ADDRESS	STREET ADDRESS 15670 Queenferry Drive
CITY-ST-ZIP	CITY-ST-ZIP Fort Myers, FL 33912