## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 22, 2008 8:00 am Secretary of State 04-22-2008 90022 006 \*\*\*\*61.25

DOCUMEN I # N02000003193  1. Entity Name BOBBY NICHOLS-FIDDLESTICKS FOUNDATION, INC.									04-2	2 2000	90022	000		
8000 HEALTH CENTER BLVD 153				iling Address 5391 Cannongate Drive IRT Myers, FL 33912					U <b>99</b> 51 <b>0</b> 51 <b>3</b> 41			1 kille (( <b>011</b>		.
2. Principal P	lace of Busin	ness - No P.O. Box#	3. Maili	ng Address										
Suite, Apt. #, etc. Si			Suit	Suite, Apt. #, etc.				04092008	Chg-	NP	CR2E	037 (12	/06)	
City & State			City	City & State				4. FEI Numb 04-364					<del></del>	plied For Applicable
Zip		Country	Zip		Cou	intry		5. Certificate				Fee R	5 Addi	
	6. Name	and Address of Current	Registere	d Agent		Name		7. Name an	d Addres	s of New I	Registered	Agent		
CLASP, INC. 8000 HEALTH CENTER BLVD						daress (F	P.O. Box Numb	per is Not	Acceptab	le)	· ·			
SUITE 300 BONITA S		FL 34135												
				City FL Zip Code										
	named entity tions of regist	y submits this statement for tered agent.	or the purpo	ose of changing its	registere	ed office o	r register	ed agent, or be	oth, in the	State of FI	lorida. I ar	n familia	r with, a	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title it appl	cable. (NOTI	E: Registered	d Agent signat	ure required	when reinstating)	<del></del>	- <u>-</u> -	DATE		<del></del> .	
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Filing Fund Contribution														
	_				-	-		\$5.00 May Added to Fee			Vake che rida Dep			
10.	Due by N		RECTORS		-	-			s   3   5	Flo	rida Dep	artmeni	t of St	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by N D WOLKEN 15550 KIL	flay 1, 2008	RECTORS		11. TITLE NAME STREET	ion.		Added to Fee	s   3   5	Flo	rida Dep	OIRECTO	t of St	ate
TITLE NAME STREET ADDRESS	DUE by N  D WOLKEN 15550 KIL FT MYER T LANCELC 15292 FIC	OFFICERS AND DI GERALD L BIRNIE DR	RECTORS	Trust Fund (	TITLE NAME STREE NAME STREE NAME STREE NAME STREE	E E EET ADDRESS -SI-ZIP		Added to Fee	s   3   5	Flo	rida Dep	artment	t of St	ate 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DUE BY NO WOLKEN 15550 KILL FT MYER T LANCELC 15292 FILE FORT MY D SMITH, R 15524 FILE FT MYER P HOLLANE 15270 KILL	Asy 1, 2008  OFFICERS AND DI  GERALD L BIRNIE DR S, FL 33912  DTT, MIKE DDLKESTICKS BLVD (ERS, FL 33912  OBB DDLESTICKS BLVD S, FL 33912	RECTORS	Trust Fund (	TITLE NAME STREE CITY TITLE NAME STREE NAME STREE NAME STREE NAME STREE NAME STREE	E E ET ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E ET ADDRESS		Added to Fee	s   3   5	Flo	rida Dep	C C	DRS IN hange	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DUE BY NO WOLKEN 15550 KIL FT MYER T LANCELC 15292 FIL FORT MY D SMITH, R 15524 FIL FT MYER P HOLLANE 15270 KIL FORT MY D CLAIR, NJ 15670 QL	OFFICERS AND DI OFFICERS AND D	RECTORS	Trust Fund (	Contributi  11.  TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE	E E ADDRESS -S1-ZIP E E ET ADDRESS	S Clai	Added to Fee	y Ferry	TO OFFICI	rida Dep	C C	DRS IN hange hange	Addition  Addition
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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.

SI	 	 -	_

Earl P. Holland, Pres. 04//6/08

239-649-3186 Daysime Phone #

## # NO200003193

## Additions to 2008 Annual Report BOBBY NICHOLS-FIDDLESTICKS FOUNDATION, INC. DOCUMENT #N02000003193

Title:

D

Name:

SHERMAN, MIKE 15730 Pipers Glen

Street Address: City-St-Zip:

Fort Myers, FL 33912

Title:

D

Name:

MARCO, MICHAEL

**Street Address:** 

8621 Glenlyon Court

City-St-Zip:

Fort Myers, FL 33912

Title:

D

Name:

MARTIN, ROBERT

**Street Address:** 

15725 Gleniste Way

City-St-Zip:

Fort Myers, FL 33912