


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

07-25-2003 90093 036 ****61.25

DOCUMENT # N02000004720

1. Entity Name
MICHAEL A. TUCKER CHARITABLE FOUNDATION, INC.



Principal Place of Business
**407 N. MAPLE AVENUE
LEHIGH ACRES FL 33972**

Mailing Address
**407 N. MAPLE AVENUE
LEHIGH ACRES FL 33972**

55053641



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
36-4502661

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BOYD, BARBARA
407 N. MAPLE AVENUE
LEHIGH ACRES FL 33972**

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 *Barbara Boyd*

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, BARBARA	
STREET ADDRESS	407 N. MAPLE AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWE, JOHNNIE	
STREET ADDRESS	1413 SE 2ND TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FIDUCIA, LOUIS	
STREET ADDRESS	6980 BENEVA ROAD	DECEASED
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUDENBACK, MAX A	
STREET ADDRESS	6710 WINKLER ROAD, #6	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Kevin B Boyd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin B Boyd	
STREET ADDRESS	2819 15th St SW	
CITY-ST-ZIP	Lehigh Acres, FL 33971	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information.

SIGNATURE: *Barbara Boyd* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

**289
362 6285**