2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nan	V{ ±{ V # N030000109: ne	37		Secretary of State		
FRANK A	ND GAIL FLESCHE FAMILY	FOUNDATION,			etary or state	
Principal Plac	ce of Business	Mailing Address	ı			
6605 S INDIAN RIVER DRIVE FORT PIERCE FL 34982		6605 S INDIAN RIVER FORT PIERCE FL 3498				
2. Principal f	Place of Business	3. Mailing Address	r — -	11220001 201221000		
Suite, Apt	#, etc.	Suite, Apt. #, etc.	:	tst MOORE	CR2E037 (10/05)	
City & Sta	te	City & State	1	4. FE) Number 20-050	9652 Applied Fo	
Zip .	Country 6. Name and Address of Current	Zip Registered Agent	Country	Dertificate of Status De Name and Address of	Fee Required	_
	SCHE, FRANK G		Name Street Addres	s (P.O. Box Number is Not Acc	eptable)	
6605 S INDIAN RIVER DRIVE FORT PIERCE FL 34982						
			City	City FL Zip Code		
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regis	tered agent, or both, in the Sta	le of Florida. I am familiar with, and acc	θſ
			T .			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E Registered Agent signature requ	red when reinstating)	DATE	
	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Car	E Registered Agent signature requirements for an armoning Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006 OFFICERS AND DI	9. Election Car Trust Fund (mpaign Financing	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS IN 10	
TO. TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25 Due By May 1, 2006 OFFICERS AND DI FLESCHE, FRANK G 6605 S INDIAN RIVER DRIVE	9. Election Car Trust Fund (mpaign Financing Contribution. 11. THLL NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO	Make Check Payable to Florida Department of State	
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 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

1-27-06 771-465-8767

FILED