

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90096 028 \*\*\*\*61.25

DOCUMENT # N03000010937

1. Entity Name

FRANK AND GAIL FLESCHÉ FAMILY FOUNDATION,  
INC.



Principal Place of Business

Mailing Address

6605 S INDIAN RIVER DRIVE  
FORT PIERCE FL 34982

6605 S INDIAN RIVER DRIVE  
FORT PIERCE FL 34982



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5505 S. INDIAN RIVER DR

5505 S. INDIAN RIVER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

FT. PIERCE, FL

FT. PIERCE, FL

Zip

Country

Zip

Country

34982

ST. LUCIE

34982

ST. LUCIE

4. FEI Number

20-0509652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLESCHÉ, FRANK G  
6605 S INDIAN RIVER DRIVE  
FORT PIERCE FL 34982

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME FLESCHÉ, FRANK G  
STREET ADDRESS 6605 S INDIAN RIVER DRIVE  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FLESCHÉ, GAIL H  
STREET ADDRESS 6605 S INDIAN RIVER DRIVE  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HESTER, BRITTANY M  
STREET ADDRESS 1202 HERON AVENUE  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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:

*Gail H. Flesche*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-09-07

Date

(172)  
465-8767

Daytime Phone #