

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # N03000010937

1. Entity Name

FRANK AND GAIL FLESCHE FAMILY FOUNDATION,  
INC.



**FILED**

**May 02, 2008 8:00 am  
Secretary of State**

05-02-2008 90127 033 \*\*\*\*61.25



1st MOORE CR2E037 (10/07)

|   |         |  |         |   |  |  |  |
|---|---------|--|---------|---|--|--|--|
| Principal Place of Business   |         | Mailing Address                                  |         |   |  |  |  |
| 5505 S. INDIAN RIVER DR.<br>FORT PIERCE FL 34982                      |         | 5505 S. INDIAN RIVER DR.<br>FORT PIERCE FL 34982 |         |   |  |  |  |
| 2. Principal Place of Business - No P.O. Box #                        |         | 3. Mailing Address                               |         |   |  |  |  |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.                              |         |   |  |  |  |
| City & State  |         | City & State                                     |         |   |  |  |  |
| Zip   | Country | Zip  | Country |   |  |  |  |
| 6. Name and Address of Current Registered Agent                       |         |  |         | 7. Name and Address of New Registered Agent   |  |  |  |
| FLESCHE, FRANK G<br>6605 S INDIAN RIVER DRIVE<br>FORT PIERCE FL 34982 |         |  |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 is required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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 <input type="checkbox"/> D<br>NAME FLESCHE, FRANK G<br>STREET ADDRESS 6605 S INDIAN RIVER DRIVE<br>CITY-ST-ZIP FORT PIERCE FL 34982 |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME FRANK G. FLESCHE<br>STREET ADDRESS 5505 S. INDIAN RIVER DR.<br>CITY-ST-ZIP FT. PIERCE, FL. 34982 |  |
| TITLE <input type="checkbox"/> D<br>NAME FLESCHE, GAIL H<br>STREET ADDRESS 6605 S INDIAN RIVER DRIVE<br>CITY-ST-ZIP FORT PIERCE FL 34982  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME GAIL H. FLESCHE<br>STREET ADDRESS 5505 S. INDIAN RIVER DR.<br>CITY-ST-ZIP FT. PIERCE, FL. 34982  |  |
| TITLE <input type="checkbox"/> D<br>NAME HESTER, BRITTANY M<br>STREET ADDRESS 1202 HERON AVENUE<br>CITY-ST-ZIP FORT PIERCE FL 34982       |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME BRITTANY M. HESTER<br>STREET ADDRESS 10632 PINE CONE LANE<br>CITY-ST-ZIP FT. PIERCE, FL. 34982   |  |
| TITLE <input type="checkbox"/> D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE <input type="checkbox"/> D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE <input type="checkbox"/> D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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*