

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

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

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

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1. Entity Name

**FRANK AND GAIL FLESCHE FAMILY FOUNDATION,
INC.**



Principal Place of Business

**5505 S. INDIAN RIVER DR.
FORT PIERCE FL 34982**

Mailing Address

**5505 S. INDIAN RIVER DR.
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

1st MOORE

CR2E037 (10/07)

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

**FLESCHE, 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 is acceptable.

(NOTE: Registered Agent signature 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 D ☐ Delete
NAME FLESCHE, FRANK G
STREET ADDRESS 6605 S INDIAN RIVER DRIVE
CITY-STATE-ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition
NAME **FRANK G. FLESCHE**
STREET ADDRESS **5505 S. INDIAN RIVER DR.**
CITY-STATE-ZIP **FT. PIERCE, FL. 34982**

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

TITLE ☐ Change ☐ Addition
NAME **GAIL H. FLESCHE**
STREET ADDRESS **5505 S. INDIAN RIVER DR.**
CITY-STATE-ZIP **FT. PIERCE, FL. 34982**

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

TITLE ☐ Change ☐ Addition
NAME **BRITTANY M. HESTER**
STREET ADDRESS **10632 PINE CONE LANE**
CITY-STATE-ZIP **FT. PIERCE, FL. 34982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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