2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001372

Title:

Name:

Address:

City-St-Zip:

Entity Name: THE FRITCH FOUNDATION, INC.

() Delete

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O HOWARD L USHER, SUNTRUST BANK 9600 COLLINS AVE BAL HARBOR, FL 33154 **New Mailing Address: Current Mailing Address:** C/O MARSHALL GILLIG, SUNTRUST BANK P.O. BOX 14728 FT LAUDERDALE, FL 33302 FEI Number: 51-0497691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: USHER, HOWARD L C/O HOWARD L USHER, SUNTRUST BANK 9600 COLLINS AVE BAL HARBOR, FL 33154 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FRITCH, RUTH BROWN, NANCY Name: Name: 4020 GALT OCEAN MILE, # 1701 Address: 4441 CORDIA CIRCLE Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: COCONUT CREEK, FL 33066 Title: () Delete Title: () Change () Addition Name: BROWN, NANCY Name: Address: 4441 CORDIA CIRCLE Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: WAAG, GARY Name: Address: Address: 10502 ACACIA LANE City-St-Zip: City-St-Zip: FAIRFAX, VA 22032

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NANCY BROWN VP 04/17/2009

() Change (X) Addition

VOGEL, DEBRA

C/O SUTNRUST PO BOX 14725

FT LAUDERDALE, FL 33302