


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # N08484 1. Entity Name UPLEDGER FOUNDATION, INC.	
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Principal Place of Business 11211 PROSPERITY FARMS RD SUITE D-325 PALM BEACH GARDENS, FL 33410 US	Mailing Address 11211 PROSPERITY FARMS ROAD SUITE D-325 PALM BEACH GARDENS, FL 33410 US
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04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2551433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PODESTA, CARI A P.A. 11382 PROSPERITY FARMS RD STE 227 PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11000000310705

04/18/05-00014-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UPLEDGER, JOHN E 11211 PROSPERITY FARMS RD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, BOB 14046 HARBOR LANE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILKINSON, JOHN 11211 PROSPERITY FARMS RD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABLE, WILLIAM 11211 PROSPERITY FARMS RD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLISTER, B J SOUTH COLLEGE, 1760 N. CONGRESS AVE W. PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPLEDGER, JOHN M 11211 PROSPERITY FARMS RD PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/05 (501) 622-4334