

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90048 008 ****61.25

DOCUMENT # N28207

1. Entity Name

THE BERT FISH FOUNDATION, INC.



Principal Place of Business

BERT FISH FOUNDATION
3
DELAND FL 32724
US

Mailing Address

BERT FISH FOUNDATION
P. O. BOX 46 N/A
DELAND FL 32721
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3020772

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

MCKINNON, NOAH C. JR.
595 WEST GRANADA BLVD., SUITE A
ORMOND BEACH FL 32074

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)

January 28, 2005

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 DC
NAME SCHILDECKER, WILLIAM W. ☐ Delete
STREET ADDRESS 7 PLEASANT VIEW CIRCLE
CITY-ST-ZIP DAYTONA BEACH FL

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

TITLE D
NAME WARD, CARL ☒ Delete
STREET ADDRESS 300 TARRAGONA WAY
CITY-ST-ZIP DAYTONA BEACH FL

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

TITLE DT
NAME WARD, CARL ☐ Delete
STREET ADDRESS 2910 DIXIE HWY
CITY-ST-ZIP CRESTVIEW HILLS KY 41017

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

TITLE VDT
NAME MASTER, JOSEPH ☐ Delete
STREET ADDRESS 145 EAST RICH AVE STE A
CITY-ST-ZIP DELAND FL 32724

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

TITLE S
NAME REID, ALICE C ☐ Delete
STREET ADDRESS 1209 WEEPING WILLOW DRIVE
CITY-ST-ZIP DELAND FL 32724

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

TITLE TS
NAME KEEBLER, WILLIAM ☐ Delete
STREET ADDRESS 110 FALLEN TIMBER TRAIL
CITY-ST-ZIP DELAND FL 32724

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 exemption stated in Section 119.07(3)(i), 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:

Alice C. Reid

Alice C. Reid

386-734-2124

1/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #