

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90090 015 ****61.25

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1. Corporation Name

FRANCES D. UPDIKE CHARITABLE FOUNDATION, INC.

Principal Place of Business

POST OFFICE BOX 231
LAKE WALES FL 33859-0231

Mailing Address

POST OFFICE BOX 231
LAKE WALES FL 33859-0231

2. Principal Place of Business

21 68 Mammoth Grove Rd.

Suite, Apt. #, etc.

22 P.O. Box 231

City & State

23 Lake Wales, FL

Zip

24 33853

Country

2a. Mailing Address

26 68 Mammoth Grove Rd

Suite, Apt. #, etc.

27 P.O. Box 231

City & State

28 Lake Wales, FL

Zip

29 33853

Country

3. Date Incorporated or Qualified

11/17/1993

4. FEI Number

59-3211437

Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

UPDIKE, LAWRENCE C
5937 HIGHWAY 60 EAST
LAKE WALES FL 33859

10. Name and Address of New Registered Agent

81 Name

Updike, Lawrence C.

82 Street Address (P.O. Box Number is Not Acceptable)

68 Mammoth Grove Road

83

84 City

Lake Wales

FL

85 Zip Code
33853

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME UPDIKE, FRANCES D
STREET ADDRESS 5937 HIGHWAY 60 EAST
CITY-ST-ZIP LAKE WALES FLTITLE STD ☐ DELETENAME UPDIKE, LAWRENCE C
STREET ADDRESS 5937 HIGHWAY 60 EAST
CITY-ST-ZIP LAKE WALES FLTITLE VD ☐ DELETENAME UPDIKE, SAMUEL D
STREET ADDRESS 5937 HIGHWAY 60 EAST
CITY-ST-ZIP LAKE WALES FLTITLE D ☐ DELETENAME DAILY, VIRGINIA U
STREET ADDRESS 5937 HIGHWAY 60 EAST
CITY-ST-ZIP LAKE WALES FL 33853TITLE D ☐ DELETENAME MCLAUGHLIN, MARY U
STREET ADDRESS 5937 HIGHWAY 60 EAST
CITY-ST-ZIP LAKE WALES FL 33853TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 68 Mammoth Grove Road

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 68 Mammoth Grove Road

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 68 Mammoth Grove Road

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 68 Mammoth Grove Road

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 68 Mammoth Grove Road

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence C. Updike*SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence C. Updike, Secretary (941) 696-1487

Date

Daytime Phone #

CR2E037 (11/98)