

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005292

1. Entity Name
FRANCES D. UPDIKE CHARITABLE FOUNDATION, INC.



Principal Place of Business
**68 MAMMOTH GROVE RD
P O BOX 231
LAKE WALES, FL 33853**

Mailing Address
**68 MAMMOTH GROVE RD
P O BOX 231
LAKE WALES, FL 33853**



01222004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3211437

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**UPDIKE, LAWRENCE C
68 MAMMOTH GROVE RD
LAKE WALES, FL 33853**

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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, 2004**

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

**U00000079836
03/08/04-80084-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	UPDIKE, FRANCES D
STREET ADDRESS	68 MAMMOTH GROVE RD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	STD
NAME	UPDIKE, LAWRENCE C
STREET ADDRESS	68 MAMMOTH GROVE RD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	VD
NAME	UPDIKE, SAMUEL D
STREET ADDRESS	68 MAMMOTH GROVE RD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	DAILY, VIRGINIA U
STREET ADDRESS	68 MAMMOTH GROVE RD.
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	MCLAUGHLIN, MARY U
STREET ADDRESS	68 MAMMOTH GROVE RD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Samuel D. Updike* **SAMUEL D. UPDIKE, SR., VICE PRESIDENT 2/20/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #