

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 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



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3211437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	UPDIKE, MARY C
STREET ADDRESS	68 MAMMOTH GROVE RD
CITY-ST-ZIP	LAKE WALES, FL 338987330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000586566
01/16/07-80057-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Lawrence C. Updike* Lawrence C. Updike

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2007 (863) 696-1487

Date

Daytime Phone #