

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 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**



01042008 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 ☐ **\$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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UPDIKE, FRANCES D 68 MAMMOTH GROVE RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UPDIKE, LAWRENCE C 68 MAMMOTH GROVE RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UPDIKE, SAMUEL D 68 MAMMOTH GROVE RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAILY, VIRGINIA U 68 MAMMOTH GROVE RD. LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPDIKE, MARY C 68 MAMMOTH GROVE RD LAKE WALES, FL 338987330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000804893
02/05/08-80086-018 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2008

Date

863696-1487

Daytime Phone #