2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# N93000005292

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

Current Principal Place of Business:

68 MAMMOTH GROVE RD
LAKE WALES, FL 338987330

New Principal Place of Business:

Current Mailing Address:

P O BOX 231
LAKE WALES, FL 338590231

New Mailing Address:

FEI Number: 59-3211437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UPDIKE, LAWRENCE C
68 MAMMOTH GROVE RD
LAKE WALES, FL 338987330 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: UPDIKE, FRANCES D
Address: 68 MAMMOTH GROVE RD
City-St-Zip: LAKE WALES, FL 338987330

Title: STD
Name: UPDIKE, LAWRENCE C
Address: 68 MAMMOTH GROVE RD
City-St-Zip: LAKE WALES, FL 338987330

Title: VD
Name: UPDIKE, SAMUEL D
Address: 68 MAMMTOH GROVE RD
City-St-Zip: LAKE WALES, FL 338987330

Title: D
Name: DAILY, VIRGINIA U
Address: 68 MAMMOTH GROVE RD.
City-St-Zip: LAKE WALES, FL 338987330

Title: D
Name: UPDIKE, MARY C
Address: 68 MAMMOTH GROVE RD
City-St-Zip: LAKE WALES, FL 338987330

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE C. UPDIKE STD 01/11/2011

Electronic Signature of Signing Officer or Director — Date