

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000675

FILED
Jan 28, 2005
Secretary of State

Entity Name: THE FLECK FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1449 CRYSTAL LAKE RD
ASPEN, CO 81611

New Principal Place of Business:

Current Mailing Address:

1449 CRYSTAL LAKE RD
ASPEN, CO 81611

New Mailing Address:

FEI Number: 65-0729738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLECK, AARON
340 SOUTH PALM AVENUE
#123
SARASOTA, FL 34236 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: PTD () Delete
Name: FLECK, AARON H
Address: 1449 CRYSTAL LAKE RD
City-St-Zip: ASPEN, CO 81611

Title: VSD () Delete
Name: FLECK, BARBARA
Address: 1449 CRYSTAL LAKE RD
City-St-Zip: ASPEN, CO 81611

Title: D () Delete
Name: FLECK, KATHRYN E
Address: 1449 CRYSTAL LAKE RD
City-St-Zip: ASPEN, CO 81611

Title: D () Delete
Name: BRENDLINGER, PAMELA FLECK
Address: 1449 CRYSTAL LAKE RD
City-St-Zip: ASPEN, CO 81611

Title: D () Delete
Name: FLECK, LISA
Address: 1449 CRYSTAL LAKE RD
City-St-Zip: ASPEN, CO 81611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AARON FLECK

PTD

01/28/2005

Electronic Signature of Signing Officer or Director

Date