2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006
Secretary of State

DOCUMENT# N97000000675

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 Chapter 119, 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 07/18/2006

Electronic Signature of Signing Officer or Director — Date