

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90025 017 ****61.25

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1. Entity Name
FONTAINE CHARITIES FOUNDATION, INC.



Principal Place of Business
425 49TH STREET NORTH
ST. PETERSBURG, FL 33701

Mailing Address
425 49TH STREET NORTH
ST. PETERSBURG, FL 33701

40003534



DO NOT WRITE IN THIS SPACE

01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3551828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADHAM, JOSEPH W JR
425 49TH STREET NORTH
ST. PETERSBURG, FL 33701

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BRADHAM, WILLIAM B
STREET ADDRESS	1170 WEXFORD DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	PD
NAME	BRADHAM, CECILIA E
STREET ADDRESS	3008 BONAVENTURE CIRCLE #102 4811 DART MOUTH AVE.
CITY-ST-ZIP	PALM HARBOR, FL 34683 St. Petersburg, FL 33710
TITLE	STD
NAME	MICHELL, CHARLES E
STREET ADDRESS	1033 DAVIS PLACE NW 3345 Pierce Arrow Circle
CITY-ST-ZIP	ATLANTA, GA 30348 Suwanee, GA 30024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Cecilia E. Bradham

CECILIA E. BRADHAM

1/12/05 (727) 322-1739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #