


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2007 08:00 AM
Secretary of State**

DOCUMENT # N98000001859 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
--	--



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3551828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

**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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADHAM, WILLIAM B 1170 WEXFORD DRIVE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADHAM, CECELIA E 4811 DARTMOUTH AVE. SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MICHELL, CHARLES E 3345 PIERCE ARROW CIRCLE SUWANEE, GA 30024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000589438
01/18/07-80017-006 61.25

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: Joseph Bradham **Joseph Bradham** 1/9/07 727-322-1739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #