2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jul 23, 2008 8:00 am **Secretary of State** DOCUMENT # N98000001859 1. Entity Name 07-23-2008 90033 001 ****70 00 FONTAINE CHARITIES FOUNDATION, INC. 07-23-2008 90033 002 ****35.00 Principal Place of Business Mailing Address 425 49TH STREET NORTH-425 49TH STREET NORTH-66015551 ST. PETERSBURG, FL 33701 ST. PETERSBURG. FL -33701-2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1170 WEXFORD DR 1170 WEXFORD DR Suite, Apt. #, etc. Suite, Apt. #, etc. 07162008 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3551828 Not Applicable PALM HARBOR 34683 PALM HARBOR 34683 FΙ Zip Zip Country \$8.75 Additional \mathbf{x} 5. Certificate of Status Desired USA USA 34683 Fee Required 34683 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADHAM. CECELIA BRADHAM, JOSEPH W JR -425 49TH STREET NORTH ST: PETERSBURG, FL 33701 City PALM HARBOR 34683 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 CECELIA E. BRADHAM. PRESIDENT 7/16/08 SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution. Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD TITLE Delete TIFLE Change ■ Addition BRADHAM, WILLIAM B 572 BAY ST BRADHAM, WILLIAM B NAME NAME STREET ADDRESS 1170 WEXFORD DRIVE STREET ADDRESS OZONA FL 34680 CITY-ST-ZiP PALM HARBOR, FL 34683 CITY-ST-ZIP PD ΡĎ TITLE K Change Continue Addition ☐ Defete TITLE NAME BRADHAM, CECELIA E CECELIA E. NAME BRADHAM STREET ADDRESS 4811 DARTMOUTH AVE. STREET ADDRESS 1170 WEXFORD DR PALM HARBOR 34683 CITY-ST-ZIP SAINT PETERSBURG, FL 33710 CITY-ST-ZIP TITLE STD Delete TITLE ☐ Change ☐ Addition MICHELL, CHARLES E NAME STREET ADDRESS 3345 PIERCE ARROW CIRCLE STREET ADDRESS CITY-ST-ZIP SUWANEE, GA 30024 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE □ Detete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

Cecelia E. Bradham, PD

Date

421-4707

Daytime Phone #

FILED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporal	tion organized under the laws of the State of FLORIDA LIGHT PRIORICAL THE LAWS OF THE STATE OF T
1. The name of the corporation: FONTAINE C	HARITIES FOUNDATION, INC
2. The principal office address: 1170 WEXFO	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/16/2	2000 Document number: N98000001859
5. The name and street address of the current re Florida Department of State:	egistered agent and registered office on file with the
JOSEPH W. BRADHAM	l, JR
425 49TH STREET N	
ST PETERSBURG, FL	33710
6. The name and street address of the new regis (if changed):	stered agent (if changed) and /or registered office
CECELIA E. BRADHAI	<u>M</u>
1170 WEXFORD DR	OT
	OT acceptable) 34683
The street address of its registered office and as changed will be identical.	the street address of the business office of its registered agent,
<i>n</i> ,	ally adopted by its board of directors or by an officer so as been notified in writing of the change.
(Signature of an officer or director)	CECELIA E. BRADHAM / PRESIDENT (Printed or typed name and title)
of my duties, and I am familiar with and acce	of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this large in the registered office address. I hereby confirm that the
Willa Shual	JULY 16, 2008
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *