

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001859

FILED
Feb 05, 2009
Secretary of State

Entity Name: FONTAINE CHARITIES FOUNDATION, INC.

Current Principal Place of Business:

1170 WEXFORD DR
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1170 WEXFORD DR
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3551828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADHAM, CECELIA
1170 WEXFORD DR
PALM HARBOR, FL 34683 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: VD () Delete
Name: BRADHAM, WILLIAM B
Address: 572 BAY ST
City-St-Zip: ELFERS, FL 34680

Title: PD () Delete
Name: BRADHAM, CECELIA E
Address: 1170 WEXFORD DR
City-St-Zip: PALM HARBOR, FL 34683

Title: STD () Delete
Name: MICHELL, CHARLES E
Address: 3345 PIERCE ARROW CIRCLE
City-St-Zip: SUWANEE, GA 30024

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:

I hereby certify that the information supplied with this filing does not qualify 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: CECELIA BRADHAM

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date