

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007207

FILED
Jan 04, 2006
Secretary of State

Entity Name: THE FRY FOUNDATION, INC.

Current Principal Place of Business:

4919 GARDENGATE LN.
ORLANDO, FL 328218251

New Principal Place of Business:

Current Mailing Address:

4919 GARDENGATE LN.
ORLANDO, FL 328218251

New Mailing Address:

FEI Number: 59-3547265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRY, WILLIAM S
4919 GARDENGATE LN.
ORLANDO, FL 32821 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: PD () Delete
Name: FRY, WILLIAM S
Address: 4919 GARDEN GATE LN
City-St-Zip: ORLANDO, FL 328218251

Title: VPD () Delete
Name: FRY, ALEETHA K
Address: 4919 GARDEN GATE LN
City-St-Zip: ORLANDO, FL 328218251

Title: SD () Delete
Name: BARNETT, MELISSA
Address: 362 IOWA WOODS CIR W
City-St-Zip: ORLANDO, FL 328242072

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: FRY, THOMAS KEITH
Address: 12505 HIDDENBROOK DR.
City-St-Zip: TAMPA, FL 33624

Title: VPSD (X) Change () Addition
Name: BARNETT, MELISSA FRY
Address: 362 IOWA WOODS CIR W
City-St-Zip: ORLANDO, FL 328242072

Title: VPD () Change (X) Addition
Name: BARNETT, CHERI FRY
Address: 4928 CASON COVE APT 102
City-St-Zip: ORLANDO, FL 32811

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: WILLIAM S. FRY

PD

01/04/2006

Electronic Signature of Signing Officer or Director

Date