

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007207

FILED
Jan 07, 2008
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:

2507 LARKIN DR.
SUN CITY CENTER, FL 33573-650

Current Mailing Address:

4919 GARDENGATE LN.
ORLANDO, FL 328218251

New Mailing Address:

2507 LARKIN DR.
SUN CITY CENTER, F 33573 US

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:

FRY, WILLIAM S
2507 LARKIN DR.
SUN CITY CENTER, FL 33573 US

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:

01/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRY, WILLIAM S
Address: 11714 LAKE ASTON COURT
City-St-Zip: TAMPA, FL 33626

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

Title: VPSD () Delete
Name: BARNETT, MELISSA FRY
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: PTD (X) Change () Addition
Name: FRY, WILLIAM S PTD
Address: 2507 LARKIN DR.
City-St-Zip: SUN CITY CENTER, FL 33573 US

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

Title: VPSD (X) Change () Addition
Name: FRY, TINA DS
Address: 12505 HIDDENBROOK DR.
City-St-Zip: TAMPA,, FL 33624

Title: D () Change (X) Addition
Name: HUGHES, AMALIA H D
Address: 5354 BLACK PINE DR.
City-St-Zip: TAMPA, FL 33624

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: WILLIAM S. FRY

PTD

01/07/2008

Electronic Signature of Signing Officer or Director

Date