**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 20, 2015**
**Secretary of State**
**CC3664782278**

DOCUMENT# N01000000096

**Entity Name:** DR. RALPH G. FRICK FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

630 POINSETTIA RD
BELLEAIR, FL 33756

**Current Mailing Address:**

20 S. BROAD ST.
BROOKSVILLE, FL 34601

**FEI Number: 59-3733715**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRICK, RALPH G
630 POINSETTIA RD
BELLEAIR, FL 33756 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PD |
| Name | RALPH, FRICK GPD |
| Address | 630 POINSETTIA RD |
| City-State-Zip: | BELLEAIR FL 33756 |

| | |
|---|---|
| Title | VPD |
| Name | LORETTA, FRICK MVPD |
| Address | 630 POINSETTA RD. |
| City-State-Zip: | BELLEAIR FL 33756 |

| | |
|---|---|
| Title | D, VP |
| Name | FAULKNER, CATHERINE FD |
| Address | 8249 SIQUITA DRIVE NE |
| City-State-Zip: | SAINT PETERSBURG FL 33702 |

| | |
|---|---|
| Title | SD |
| Name | HOGAN, DEBORAH FSD |
| Address | P.O. BOX 294 |
| City-State-Zip: | BROOKSVILLE FL 34605 |

| | |
|---|---|
| Title | TD |
| Name | MOTT, JEANNE FTD |
| Address | 446 18TH AVENUE |
| City-State-Zip: | INDIAN ROCKS BEACH FL 33785 |

*I hereby 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 all other like empowered.*

SIGNATURE: DEBORAH HOGAN SECRETARY 01/20/2015

Electronic Signature of Signing Officer/Director Detail — Date