#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000096

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

FILED Apr 02, 2013 Secretary of State CC8562285292

## **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 Title VPD

NameRALPH, FRICK GPDNameLORETTA, FRICK MVPDAddress630 POINSETTIA RDAddress630 POINSETTA RD.City-State-Zip:BELLEAIR FL 33756City-State-Zip:BELLEAIR FL 33756

Title D Title SD

Name FAULKNER, CATHERINE FD Name HOGAN, DEBORAH FSD

Address 8249 SIQUITA DRIVE NE Address P.O. BOX 294

City-State-Zip: SAINT PETERSBURG FL 33702 City-State-Zip: BROOKSVILLE FL 34605

Title TD

Name MOTT, JEANNE FTD

Address 2456 APPALOOSA TRAIL

City-State-Zip: PALM HARBOR FL 34685

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

Electronic Signature of Signing Officer/Director Detail

04/02/2013

Date