


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90027 044 \*\*\*\*61.25

<b>DOCUMENT # N02000000890</b>					
<b>1. Entity Name</b> THE GALESI FAMILY FOUNDATION, INC.					
<b>Principal Place of Business</b> C/O CHARLES IAN NASH <del>930 S. HARBOR CITY BLVD., SUITE 505</del> MELBOURNE, FL 32901			<b>Mailing Address</b> C/O CHARLES IAN NASH <del>930 S. HARBOR CITY BLVD., SUITE 505</del> MELBOURNE, FL 32901		
<b>2. Principal Place of Business</b> 440 South Babcock Street			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02182005 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 90-0010097				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NASH, CHARLES IAN <del>PRESE, NASH &amp; HANSEN, P.A.</del> <del>930 S. HARBOR CITY BLVD., SUITE 505</del> MELBOURNE, FL 32901			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 440 South Babcock Street City Melbourne FL 32901		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> ROCCESANO, RICHARD	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	440 South Babcock Street
<b>STREET ADDRESS</b> 	<del>930 S. HARBOR CITY BLVD., SUITE 505</del>	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32901	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> VPD	<b>NAME</b> ROCCESANO, SUSAN	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	440 South Babcock Street
<b>STREET ADDRESS</b> 	<del>930 S. HARBOR CITY BLVD., SUITE 505</del>	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32901	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> SD	<b>NAME</b> GALES, DARREN JOHN	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	440 South Babcock Street
<b>STREET ADDRESS</b> 	<del>930 S. HARBOR CITY BLVD., SUITE 505</del>	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32901	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> GALES, RYAN JOHN	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	440 South Babcock Street
<b>STREET ADDRESS</b> 	<del>930 S. HARBOR CITY BLVD., SUITE 505</del>	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32901	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> TD	<b>NAME</b> GALES, LOREN LENORE	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	440 South Babcock Street
<b>STREET ADDRESS</b> 	<del>930 S. HARBOR CITY BLVD., SUITE 505</del>	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32901	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> GALES, MICHELLE	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	440 South Babcock Street
<b>STREET ADDRESS</b> 	<del>930 S. HARBOR CITY BLVD., SUITE 505</del>	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32901	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <u>Richard Roccesano</u> Date: <u>3/17/05</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					