

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013101

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: NOCERA FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

122 THORNTON DRIVE  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

**Current Mailing Address:**

122 THORNTON DRIVE  
PALM BEACH GARDENS, FL 33418 US

**New Mailing Address:**

FEI Number: 20-8234669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENDER, CHARLES L III  
122 THORNTON DRIVE  
PALM BEACH GARDENS, FL 33418 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: DIR ( ) Delete  
Name: NOCERA, RONALD M SR.  
Address: 3702 DIJON WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: DIR ( ) Delete  
Name: NOCERA, BRENDA  
Address: 3702 DIJON WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: DIR ( ) Delete  
Name: NOCERA, RONALD M JR.  
Address: 43310 COLUMBUS STREET  
City-St-Zip: ASHBURN, VA 20147 US

Title: DIR ( ) Delete  
Name: MCCORT, REGINA  
Address: 21398 FULTONHAM CIRCLE  
City-St-Zip: ASHBURN, VA 20147 US

Title: DIR ( ) Delete  
Name: BENDER, CHARLES L III  
Address: 122 THORNTON DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: CHARLES BENDER

DIR

04/17/2007

Electronic Signature of Signing Officer or Director

Date