


FILE NOW: FILING FEE IS \$61.25

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90144 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000001355**

1. Corporation Name  
**VINCENT SIRABELLA FOUNDATION, INC.**

Principal Place of Business 2757 COURTLAND BLVD. DELTONA FL 32738	Mailing Address 2757 COURTLAND BLVD. DELTONA FL 32738
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481975-90144-38 5 \*



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/06/1998</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number <b>59-3475976</b>
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**SIRABELLA, RONALD SR**  
**2757 COURTLAND BLVD.**  
**DELTONA FL 32738**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent; I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SIRABELLA, RONALD SR	
STREET ADDRESS	2757 COURTLAND BLVD.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LONG, WILLIAM	
STREET ADDRESS	145 S. HIGHWAY 17/92	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, COLLEEN	
STREET ADDRESS	3207 CRESTWOOD FOREST DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, GUSTAVO	
STREET ADDRESS	770 RIVEROAK DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENOVESI, PETER	
STREET ADDRESS	3207 CRESTWOOD FOREST DR.	
CITY-ST-ZIP	DELTONA FL 32753	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald Sirabella* **Ronald Sirabella** 4-22-99 904-789-1441  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)