

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000890

**Entity Name:** THE GALESI FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O CHARLES IAN NASH  
440 SOUTH BABCOCK ST  
MELBOURNE, FL 32901

**Current Mailing Address:**

C/O CHARLES IAN NASH  
440 SOUTH BABCOCK ST  
MELBOURNE, FL 32901

**FEI Number:** 90-0010097

**Certificate of Status Desired:** No

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

NASH, CHARLES IAN  
C/O NASH & KROMASH, LLP  
440 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901 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 DIRECTOR  
Name GALESI, LOREN L  
Address 440 SOUTH BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR, VP  
Name GALESI, MORRIS MICHAEL  
Address 440 SOUTH BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR, PRESIDENT  
Name GALESI, DARREN JOHN  
Address 440 SOUTH BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR, TREASURER  
Name GALESI, MICHELLE  
Address 440 SOUTH BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY  
Name DOOLEY, NICOLE C  
Address 440 SOUTH BABCOCK ST  
City-State-Zip: MELBOURNE FL 32901

*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:** NICOLE C DOOLEY

**SECRETARY**

**04/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date