2007 NOT-FOR-PROFIT CORPORATION - ANNUAL REPORT

DOCUMENT # N00000006229

1. Entity Name

THE AVELLING FAMILY FOUNDATION, INC.



02-01-2007 90024 013 ****61.25

Feb 01, 2007 8:00 am Secretary of State

FILED

Principal Place of Business

Mailing Address

223 CORAL LANE PALM BEACH, FL 33480 223 CORAL LANE

PALM BEACH, FL 33480



DO NOT WRITE IN THIS SPACE

01052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-1043563

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVELLINO, FRANK J 223 CORAL LANE PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

,	1		IN THIS SPACE			
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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.				required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVELLINO, FRANK J 223 CORAL LANE PALM BEACH, FL 33480					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVELLINO, NANCY CARROLL 223 CORAL LANE PALM BEACH, FL 33480					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVELLINO, JOSEPH 55 STATE PARK ROAD CHESTER, NJ 07930			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEVOY, LORRAINE A 65 NAVESINK AVENUE RUMSON, NJ 07760			IN THIS SPACE		
TITLE NAME STREET ADORESS CITY-ST-ZIP	D ROSENTHAL, RACHEL A 655 PARK AVE., APT 5B NEW YORK, NY 10021					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVELLING THOMPS 1581 BRICKELL AVENUE, S MIANI, FL 33129	7부)0나				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE

MATURE AND THEO OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

0125/2007

54-307-7699

Daytime Phone #