

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008242

FILED
Jan 17, 2005
Secretary of State

Entity Name: THE FALCAO FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O BUTZEL LONG, P.C.
1200 NORTH FEDERAL HIGHWAY SUITE 420
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

C/O BUTZEL LONG, P.C.
1200 NORTH FEDERAL HIGHWAY SUITE 420
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-1078538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, JOHN J JR.
C/O BUTZEL LONG, P.C.
1200 NORTH FEDERAL HIGHWAY SUITE 420
BOCA RATON, FL 33432 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: PD () Delete
Name: FALCAO, GLENN M
Address: 13807 RUSSELL ZEPP DRIVE
City-St-Zip: CLARKSVILLE, MD 21029

Title: TSD () Delete
Name: FALCAO, BETH G
Address: 13807 RUSSELL ZEPP DRIVE
City-St-Zip: CLARKSVILLE, MD 21029

Title: D () Delete
Name: RAYMOND, JOHN J JR.
Address: 1200 NORTH FEDERAL HIGHWAY SUITE 420
City-St-Zip: BOCA RATON, FL 33432

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLENN M FALCAO

MR

01/17/2005

Electronic Signature of Signing Officer or Director

Date