

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90275 031 ****61.25

DOCUMENT # N00177 1. Entity Name CRACCHIOLO FOUNDATION, INC.					
Principal Place of Business 2855 S. CONGRESS AVE SUITE A DELRAY BEACH, FL 33445 US			Mailing Address 2855 S. CONGRESS AVE SUITE A DELRAY BEACH, FL 33445 US		
2. Principal Place of Business 601 N. CONGRESS AVE. Suite, Apt. #, etc. SUITE 305 City & State DELRAY BEACH, FL Zip 33445 Country USA		3. Mailing Address 601 N. CONGRESS AVE. Suite, Apt. #, etc. SUITE 305 City & State DELRAY BEACH, FL Zip 33445 Country USA		<div style="font-size: 24px; font-weight: bold;">20046570</div>	
4. FEI Number 59-2352702				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRACCHIOLO, SAM A., SR. 2855 S. CONGRESS AVE SUITE A DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 601 N. CONGRESS AVE. SUITE 305 City DELRAY BEACH FL Zip Code 33445		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRACCHIOLO, SAM A., SR. 2855 S. CONGRESS AV STE. A DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	601 N. CONGRESS AVE., SUITE 305 DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CRACCHIOLO, ANNITA 2855 S. CONGRESS AVE STE A DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	601 N. CONGRESS AVE., SUITE 305 DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CRACCHIOLO, JOHN E. 2855 S. CONGRESS AVE STE A DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	601 N. CONGRESS AVE., SUITE 305 DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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:			4-22-05 (561)243-9853		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN E. CRACCHIOLO			Date Daytime Phone #		