

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000690

1. Entity Name

THE TRANFO FAMILY FOUNDATION, INC.



Principal Place of Business

C/O JOSEPH C. TRANFO
6920 HARBOR CIR
STUART, FL 34996

Mailing Address

C/O JOSEPH C. TRANFO
6920 HARBOR CIR
STUART, FL 34996



01122004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1080569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALLERANO, JAMES A JR
C/O CHAPIN, ARMSTRONG & BALLERANO
1201 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483

**DO NOT WRITE
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 signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TRANFO, JOSEPH C
6920 HARBOR CIR
STUART, FL 34996

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TRANFO, LINDA M
6920 HARBOR CIR
STUART, FL 34996

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TRANFO, JANE H
34 WILL MERRY LN
GREENWICH, CT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000013187
01/26/04-80043-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH C. TRANFO

Date

Daytime Phone #

Jan 13, 2004 203 661 0090