


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000000690</b> 1. Entity Name <b>THE TRANFO FAMILY FOUNDATION, INC.</b>	
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Principal Place of Business <b>JOSEPH C. TRANFO 6920 HARBOR CIR STUART, FL 34996</b>	Mailing Address <b>JOSEPH C. TRANFO 6920 HARBOR CIR STUART, FL 34996</b>
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01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1080569</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000664252 03/22/07-80037-002 61.25</b>
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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 45 QUAIL RD GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **3/6/07 2036610040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #