

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004497

FILED
May 08, 2007
Secretary of State

Entity Name: TADDEO FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1124 SW 21ST LANE
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1124 SW 21ST LANE
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 52-2326940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HELLER, DAN
701 BRICKELL AVENUE
SUITE 1900
MIAMI, FL 33131 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: D () Delete
Name: FINLEY, DOLORES MARIE
Address: 107 REGGIE'S WAY
City-St-Zip: LAGRANGEVILLE, NY 12540

Title: D () Delete
Name: HANIKA, CAROLANN
Address: 1124 S.W. 21ST LANE
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: FINLEY, CHRISTOPHER A
Address: 107 REGGIE'S WAY
City-St-Zip: LAGRANGEVILLE, NY 12540

Title: D () Delete
Name: CIANCIO, MICHELE
Address: 1124 S.W. 21ST LANE
City-St-Zip: BOCA RATON, FL 33486

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRISTOPHER A. FINLEY

PRES

05/08/2007

Electronic Signature of Signing Officer or Director

Date