



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000004737	
1. Entity Name O'DONNELL FAMILY FOUNDATION INC.	

Principal Place of Business 431 N. LYRA CIRCLE JUNO BEACH, FL 33408	Mailing Address 431 N. LYRA CIRCLE JUNO BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE

	
01072008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-1118686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'DONNELL, MERRY T 431 N. LYRA CIRCLE NORTH PALM BEACH, FL 33408

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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 _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000777491 01/10/08 80010-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'DONNELL, MERRY T 431 N. LYRE CIR JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT O'DONNELL, ISOBEL T 820 MORTON ROAD BRYN MAWR, PA 19010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, JOHN J R. 1006 CLINTON STREET PHILADELPHIA, PA 19106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, GEOFFREY P 3426 SHADOWALK DRIVE HOUSTON, TX 77082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Merry T. O'Donnell Merry T. O'Donnell 1/7/08 (561) 630-3830

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