



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N01000009011 1. Entity Name THE CAVUOTO FAMILY FOUNDATION, INC. |  |
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| Principal Place of Business 4888 POND APPLE DR NORTH NAPLES, FL 34119 | Mailing Address 4888 POND APPLE DR NORTH NAPLES, FL 34119 |
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| DO NOT WRITE IN THIS SPACE |
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| 01312008 No Chg-NP CR2E037 (4/06) | |
| 4. FEI Number 59-3761370 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WOLLMAN, EDWARD E 5129 CASTELLO DR NAPLES, FL 34103 |
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | _____ <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> |

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| 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 | |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CAVUOTO, DOMINICK 4888 POND APPLE DR. N NAPLES, FL 34119 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CAVUOTO, RITA M 4888 POREL APPLE NAPLES, FL 34119 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CAVUOTO, KARA 4888 POND APPLE DR N NAPLES, FL 34119 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CAVUOTO, LORA 4888 POND APPLE DR N NAPLES, FL 34119 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>U00000836540 03/04/08-80013-023 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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| 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: <i>Rita M. Cavuoto, T</i> <i>Rita M. Cavuoto, T</i> <i>2/19/08</i> <i>239 592 1946</i> | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |