2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N01000009011

Entity Name: THE CAVUOTO FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4888 POND APPLE DR NORTH
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

4888 POND APPLE DR NORTH
NAPLES, FL 34119

New Mailing Address:

FEI Number: 59-3761370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLLMAN, EDWARD E
5129 CASTELLO DR
NAPLES, FL 34103 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: P ( ) Delete
Name: CAVUOTO, DOMINICK
Address: 4888 POND APPLE DR. N
City-St-Zip: NAPLES, FL 34119

Title: T ( ) Delete
Name: CAVUOTO, RITA M
Address: 4888 POREL APPLE
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Delete
Name: CAVUOTO, KARA
Address: 4888 POND APPLE DR N
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete
Name: CAVUOTO, LORA
Address: 4888 POND APPLE DR N
City-St-Zip: NAPLES, FL 34119

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: CAVUOTO, RITA M
Address: 4888 POND APPLE DR. N
City-St-Zip: NAPLES, FL 34119

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

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

Title: VP ( ) Change (X) Addition
Name: CAVUOTO, FELICIA
Address: 4888 POND APPLE DR N
City-St-Zip: NAPLES, FL 34119

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: RITA M. CAVUOTO T 02/16/2009

Electronic Signature of Signing Officer or Director — Date