

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

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000004474	
1. Entity Name THE JENO AND LOIS PAULUCCI FAMILY FOUNDATION II, INC.	
Principal Place of Business 201 W 1 ST SANFORD, FL 32771	Mailing Address 201 W 1 ST SANFORD, FL 32771



04172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0573856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NELSON, LARRY W 201 W 1 ST SANFORD, FL 32771	
DO NOT WRITE 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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000950477
06/03/08-80069-016 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAULUCCI, JENO F 201 W 1 ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAULUCCI, MICHAEL J 201 W 1 ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELTON PAULUCCI, CINDY J 201 W 1 ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: *Cynthia J. Paulucci Selton* **4/30/08** **407-321-7004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CYNTHIA J SELTON