

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90050 025 ****61.25

DOCUMENT # N03000010822

1. Entity Name
THE CAMOSSE FAMILY FOUNDATION, INC.



Principal Place of Business
**16140 KELLY COVE DRIVE
FORT MYERS, FL 33908**

Mailing Address
**16140 KELLY COVE DRIVE
FORT MYERS, FL 33908**

40001040



01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
16140 Kelly Cove Dr.

3. Mailing Address
16140 Kelly Cove Dr.

City & State
Ft. Myers FL

City & State
Ft. Myers

Zip
33908

Country
USA

Zip
33908

Country
USA

4. FEI Number
55-0854420

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STRAUSS, JEROME M
9115 GALLERIA COURT
#2
NAPLES, FL 34109**

7. Name and Address of New Registered Agent
Name **Strauss, Jerome M.**
Street Address (P.O. Box Number is Not Acceptable)
5150 Tamiami Trail N. Suite 402
City **Naples** FL Zip Code **34103**

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 **Jerome M. Strauss** 1-12-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMOSSE, HENRY J 16140 KELLY COVE DR. FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES CAMOSSE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 466 BURN COAT ST, WORCESTER, MA 01606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIROUT, JUDITH 14578 RIVER BEACH DR. #310 PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMOSSE, HENRY JR 2 MEADOW LANE CHARLTON, MA 01507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZYNAL, DONNA 310 SOUTH ST. AUBURN, MA 01501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMOSSE, DAVID 21 MEADOW ST. AUBURN, MA 01501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMOSSE, CRAIG 24 ROCK AVE. AUBURN, MA 01501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Henry J. Camosse** 1/25/05 (239) 466-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #