2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010822

Entity Name: THE CAMOSSE FAMILY FOUNDATION, INC.

FILED Jan 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16140 KELLY COVE DRIVE FORT MYERS, FL 33908 **Current Mailing Address: New Mailing Address:** 16140 KELLY COVE DRIVE 2 MEADOW LANE FORT MYERS, FL 33908 CHARLTON, MA 01507 FEI Number: 55-0854420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STRAUSS, JEROME M STRAUSS, JEROME M 5621 STRÁND BLVD., #100 1056 DIAMOND LAKE CIRCLE NAPLES, FL 34110 NAPLES, FL 34114 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: 01/22/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CAMOSSE, HENRY J Name: Name: 16140 KELLY COVE DR. Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: Title: () Delete Title: () Change () Addition JIROUT, JUDITH Name: Name: Address: 14578 RIVER BEACH DR. #310 Address: City-St-Zip: PORT CHARLOTTE, FL 33953 City-St-Zip: Title: () Delete Title: (X) Change () Addition CAMOSSE, HENRY JR Name: CAMOSSE, HENRY J JR Name: 2 MEADOW LANE Address: Address: 2 MEADOW LANE City-St-Zip: CHARLTON, MA 01507 City-St-Zip: CHARLTON, MA 01507 Title: () Delete Title: (X) Change () Addition Name: SZYNAL, DONNA Name: SZYNAL, DONNA 39701 BARBERRY CT Address: 310 SOUTH ST. Address: City-St-Zip: AUBURN, MA 01501 City-St-Zip: TEMECULA, CA 92591 Title: () Delete Title: (X) Change () Addition CAMOSSE, DAVID CAMOSSE, DAVID Name: Name: 21 MEADOW ST. 310 SOUTH ST. Address: Address: City-St-Zip: AUBURN, MA 01501 City-St-Zip: AUBURN, MA 01501 Title: () Delete Title: () Change () Addition CAMOSSE, CRAIG Name: Name: Address: 24 ROCK AVE. Address: AUBURN, MA 01501 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY J CAMOSSE JR D 01/22/2007