

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010822

FILED
Feb 18, 2008
Secretary of State

Entity Name: THE CAMOSSE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

16140 KELLY COVE DRIVE
FORT MYERS, FL 33908

New Principal Place of Business:

16140 KELLY COVE ROAD
FT MYERS, FL 33908

Current Mailing Address:

2 MEADOW LANE
CHARLTON, MA 01507

New Mailing Address:

FEI Number: 55-0854420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUSS, JEROME M
1056 DIAMOND LAKE CIRCLE
NAPLES, FL 34114 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: D () Delete
Name: CAMOSSE, HENRY J
Address: 16140 KELLY COVE DR.
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: JIROUT, JUDITH
Address: 14578 RIVER BEACH DR. #310
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: CAMOSSE, HENRY J JR
Address: 2 MEADOW LANE
City-St-Zip: CHARLTON, MA 01507

Title: D () Delete
Name: SZYNAL, DONNA
Address: 39701 BARBERRY CT
City-St-Zip: TEMECULA, CA 92591

Title: D () Delete
Name: CAMOSSE, DAVID
Address: 310 SOUTH ST.
City-St-Zip: AUBURN, MA 01501

Title: D () Delete
Name: CAMOSSE, CRAIG
Address: 24 ROCK AVE.
City-St-Zip: AUBURN, MA 01501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: HENRY J CAMOSSE JR

D

02/18/2008

Electronic Signature of Signing Officer or Director

Date