2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N03000010822

Entity Name: THE CAMOSSE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

16140 KELLY COVE ROAD
FT MYERS, FL 33908

New Principal Place of Business:

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
Name:	
Address:	
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 MR 03/09/2009

Electronic Signature of Signing Officer or Director — Date