

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010822

FILED  
Jan 25, 2012  
Secretary of State

**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  
Name: CAMOSSE, HENRY J  
Address: 16140 KELLY COVE DR.  
City-St-Zip: FORT MYERS, FL 33908

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: HENRY J CAMOSSE JR

D

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date