

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002424

FILED
Feb 07, 2005
Secretary of State

Entity Name: THOMAS & ANNETTE DIGNAM FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5206 THE POINTE DRIVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

5206 THE POINTE DRIVE
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 20-0842197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKLAKI, JOSEPH C
13770 58TH STREET N. SUITE 304
CLEARWATER, FL 33760 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: PSD () Delete
Name: DIGNAM, THOMAS M
Address: 5206 THE POINTE DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: VTD () Delete
Name: DIGNAM, DAVID M
Address: 1201 S. MCCALL ROAD
City-St-Zip: ENGLEWOOD, FL 34295

Title: D () Delete
Name: GILL, STEVEN ROY CPA
Address: 222 NESBIT STREET
City-St-Zip: PUNTA GORDA, FL 33951

Title: D () Delete
Name: FOGO, ERIC
Address: 1201 S. MCCALL ROAD
City-St-Zip: ENGLEWOOD, FL 34295

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS M DIGNAM

PSD

02/07/2005

Electronic Signature of Signing Officer or Director

Date