


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90042 007 ****61.25

DOCUMENT # N05000008862	
1. Entity Name THE GARIPPA FOUNDATION, INC.	

Principal Place of Business 6970 GREENTREE DRIVE NAPLES, FL 34108 3191 Gin Lane Naples, FL 34102	Mailing Address 6970 GREENTREE DRIVE NAPLES, FL 34108 3191 Gin Lane Naples, FL 34102
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GARIPPA, JOHN E 6970 GREENTREE DRIVE NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent	

SIGNATURE _____		DATE _____
<small>Signature typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARIPPA, JOHN E 6970 GREENTREE DRIVE NAPLES, FL 34108	3191 Gin Lane Naples, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARIPPA, LINDA 6970 GREENTREE DRIVE NAPLES, FL 34108	3191 Gin Lane Naples, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARIPPA, JOHN S 6970 GREENTREE DRIVE NAPLES, FL 34108	3191 Gin Lane Naples, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>John E. Garippa</i> <i>Linda Garippa</i>	7-12-07	239 649 7710
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>