# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2008**
**Secretary of State**

DOCUMENT# N05000009827

**Entity Name:** GEORGE DE MARCO FOUNDATION, INC.

**Current Principal Place of Business:**

3527 DOMESTIC AVE
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

3527 DOMESTIC AVE
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number: 20-3521170** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE MARCO, CARLA
3527 DOMESTIC AVE
NAPLES, FL 34104 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: | PRES | ( ) Delete |
| Name: | DE MARCO, LORETTA | |
| Address: | 3527 DOMESTIC AVE | |
| City-St-Zip: | NAPLES, FL 34104 US | |
| Title: | VP | ( ) Delete |
| Name: | GARRIDO, JAVIER I | |
| Address: | 3527 DOMESTIC AVE | |
| City-St-Zip: | NAPLES, FL 34104 US | |
| Title: | SEC | ( ) Delete |
| Name: | DE MARCO, MARIA | |
| Address: | 3527 DOMESTIC AVE | |
| City-St-Zip: | NAPLES, FL 34104 US | |
| Title: | TREA | ( ) Delete |
| Name: | LAGRASTA MAFFEI, PHYLLIS | |
| Address: | 3527 DOMESTIC AVE | |
| City-St-Zip: | NAPLES, FL 34104 US | |
| Title: | DIR | ( ) Delete |
| Name: | SEWARD, ANNAMARIA D | |
| Address: | 3527 DOMESTIC AVE | |
| City-St-Zip: | NAPLES, FL 34104 | |
| Title: | DIR | ( ) Delete |
| Name: | FRATER, FITZGERALD | |
| Address: | 999 NINTH STREET S. #204 | |
| City-St-Zip: | NAPLES, FL 34102 | |

**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: LORETTA DE MARCO PRES 01/22/2008

Electronic Signature of Signing Officer or Director — Date