

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007794

FILED
May 01, 2007
Secretary of State

Entity Name: EDWARD FALCONE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1951 NW 19TH STREET, SUITE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

1951 NW 19TH STREET, SUITE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

M & W AGENTS, INC.
SUITE 107, 2101 CORPORATE BLVD
BOCA RATON, FL 33431 US

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: FALCONE, EDWARD
Address: 1951 NW 19TH STREET, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: JUDD, FAYE
Address: 1951 NW 19TH STREET, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: MAZZA, LISA
Address: 604 SCUBAJAY DRIVE
City-St-Zip: JUPITER, FL 33458

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:

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: EDWARD FALCONE

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date