

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90075 049 \*\*\*\*61.25

**DOCUMENT # N06000009412**

1. Entity Name  
**PAT MORAN FAMILY FOUNDATION, INC.**



Principal Place of Business  
**100 JIM MORAN BLVD  
DEERFIELD BEACH, FL 33442**

Mailing Address  
**PO BOX 4007  
DEERFIELD BEACH, FL 33442**

**40038126**



01292007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #  
**185 JIM MORAN BLVD**

3. Mailing Address

Suite, Apt. #, etc.  
**JMFDF138**

Suite, Apt. #, etc.

City & State  
**DEERFIELD BEACH, FL**

City & State

4. FEI Number  
**20-5552465**

Applied For  
Not Applicable

Zip  
**33442**

Country  
**US**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MORAN, PATRICIA G  
100 JIM MORAN BLVD  
DEERFIELD BEACH, FL 33442**

**7. Name and Address of New Registered Agent**

Name  
**MORAN, PATRICIA**

Street Address (P.O. Box Number is Not Acceptable)

**185 JIM MORAN BLVD, JMFDF138**

City  
**DEERFIELD BEACH**

**FL**

Zip Code  
**33442**

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

*Patricia G. Moran*

**PATRICIA G. MORAN, PRESIDENT**

**1/29/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **MORAN, PATRICIA**  
STREET ADDRESS **PO BOX 4007**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **D** ☐ Delete  
NAME **PAPERA, CHRISTINE B**  
STREET ADDRESS **1109 SEASPRAY AVENUE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **D** ☐ Delete  
NAME **BEDDIA, THOMAS D JR.**  
STREET ADDRESS **598 S.W. 16TH STREET**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **D** ☐ Delete  
NAME **BEDDIA, DONALD P**  
STREET ADDRESS **4021 N.E. 26TH AVENUE**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **DP** ☒ Change ☐ Addition  
NAME **MORAN, PATRICIA**  
STREET ADDRESS **185 JIM MORAN BLVD, JMFDF138**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **DVP** ☒ Change ☐ Addition  
NAME **PAPERA, CHRISTINE B**  
STREET ADDRESS **185 JIM MORAN BLVD, JMFDF138**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **DS** ☒ Change ☐ Addition  
NAME **BEDDIA, THOMAS D JR.**  
STREET ADDRESS **185 JIM MORAN BLVD, JMFDF138**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **DT** ☒ Change ☐ Addition  
NAME **BEDDIA, DONALD P**  
STREET ADDRESS **185 JIM MORAN BLVD, JMFDF138**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Patricia G. Moran*

**PATRICIA MORAN, PRESIDENT**

**1/29/07**

**954-429-2566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #