2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000486

FILED Feb 19, 2008 Secretary of State

Entity Name: MICHAEL ROY COSOLA FOUNDATION, INC.

Current F	Principal Place of Business:	New Principal Place	of Business:	
	ITERBURY CIRCLE ITON, FL 33414			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	ITERBURY CIRCLE ITON, FL 33414			
FEI Numbe	r: FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	d Address of Current Registered Ager	t: Name and Address	of New Registered Agent:	
WELLING The above	RANDI ITERBURY CIRCLE ITON, FL 33414 US e named entity submits this statement for the of Florida.	the purpose of changing its registere	ed office or registered agent, or both,	
II lile Slai	e oi Fiorida.			
	DC.			
SIGNATU		d Agent	 Date	
	RE: Electronic Signature of Registere S AND DIRECTORS:	-	Date ES TO OFFICERS AND DIRECTOR	
	Electronic Signature of Registere	-		
OFFICER Fitle: Name: Address:	Electronic Signature of Registered S AND DIRECTORS: PT () Delete COSOLA, RANDI TRUSTEE 1985 CANTERBURY CIRCLE	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTOR	
OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electronic Signature of Registered S AND DIRECTORS: PT () Delete COSOLA, RANDI TRUSTEE 1985 CANTERBURY CIRCLE WELLINGTON, FL 33414 VS () Delete COSOLA, RICHARD TRUSTEE 1985 CANTERBURY CIRCLE WELLINGTON, FL 33414 TRUS () Delete COSOLA, DEBRA TRUSTEE 236 FOXTAIL 1	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTOR () Change () Addition	
DFFICER Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Name: Address:	Electronic Signature of Registered S AND DIRECTORS: PT () Delete COSOLA, RANDI TRUSTEE 1985 CANTERBURY CIRCLE WELLINGTON, FL 33414 VS () Delete COSOLA, RICHARD TRUSTEE 1985 CANTERBURY CIRCLE WELLINGTON, FL 33414 TRUS () Delete COSOLA, DEBRA TRUSTEE 236 FOXTAIL 1	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	ES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition	

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: RANDI COSOLA PT 02/19/2008