2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N08000001123

Entity Name: THE CIFERRI FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3353 GRAN PARK WAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3353 GRAN PARK WAY
STUART, FL 34997

New Mailing Address:

FEI Number: 26-1905307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

T.J. HEINEMANN, ESQ
3473 S.E. WILLOUGHBY BOULEVARD
STUART, FL 34994 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: DCP ( ) Delete
Name: CIFERRI, RENEE
Address: 3353 GRAN PARK WAY
City-St-Zip: STUART, FL 34997

Title: VPVC ( ) Delete
Name: MEIRA, DANIELLE
Address: 3353 GRAN PARK WAY
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete
Name: SCOTT, KATIE
Address: 3353 GRAN PARK WAY
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete
Name: CIFERRI, JESSICA
Address: 3353 GRAN PARK WAY
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete
Name: CIFERRI, MICHAEL JR.
Address: 3353 GRAN PARK WAY
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: CIFERRI, MICHAEL SR.
Address: 3353 GRAN PARK WAY
City-St-Zip: STUART, FL 34997

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: MICHAEL F CIFERRI SR D 02/10/2009

Electronic Signature of Signing Officer or Director — Date