2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N18559

Entity Name: JAMES AND DEBORAH PIOWATY FOUNDATION, INC.

Current Principal Place of Business:

% JAMES W. PIOWATY
8005 SOUTH INDIAN RIVER DRIVE
FT. PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

% JAMES W. PIOWATY
8005 SOUTH INDIAN RIVER DRIVE
FT. PIERCE, FL 34982

New Mailing Address:

FEI Number: 59-6875805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIOWATY, JAMES W.
8005 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982 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:	PD	( ) Delete
Name:	PIOWATY, JAMES W.,	
Address:	8005 SOUTH INDIAN RVR.DR	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	D	( ) Delete
Name:	PIOWATY, DEBORAH,	
Address:	8005 S. INDIAN RIVER DR	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	D	( ) Delete
Name:	BONE, SABREY L.,	
Address:	1063 SW 25TH PL.	
City-St-Zip:	BOYNTON BEACH, FL 33426	
Title:	D	( ) Delete
Name:	FREDRICK, KATHLEEN A, .	
Address:	759 RIO VISTA DR	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	D	( ) Delete
Name:	PIOWATY, SUSAN D.,	
Address:	127 SPRINGTOWN RD	
City-St-Zip:	NEW PALTZ, NY 12561	

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:	

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: JAMS W. PIOWATY PD 04/27/2007
Electronic Signature of Signing Officer or Director — Date