2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# N24262

Entity Name: THE SCIORTINO FOUNDATION, INC.

Current Principal Place of Business:

2542 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

2542 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118 55

New Mailing Address:

2542 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118

FEI Number: 65-0018049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SACHER, CHARLES P
SACHER, MARTINI, AND SACHER
2655 SOUTH LEJEUNE RD STE 1101
CORAL GABLES, FL 33134 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: SCIORTINO, JOSEPH M.,
Address: 2542 SOUTH PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: STD ( ) Delete
Name: SCIORTINO, MARILYN,
Address: 2542 S. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: SCIORTINO, JOHN J.,
Address: 1334 INWOOD TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: BLUHM, MARY E SCIORTI
Address: 886 KINGSBRIDGE DR
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: ADAIR, MICHAEL,
Address: 3642 HIGH PINES DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

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: JOSEPH M. SCIORTINO PRES 03/24/2008

Electronic Signature of Signing Officer or Director — Date