

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N26093**

1. Entity Name  
THE FARAGO FOUNDATION, INC.



Principal Place of Business  
700 PLEASANT ST  
3RD FLOOR  
NEW BEDFORD, MA 02740

Mailing Address  
700 PLEASANT ST  
3RD FLOOR  
NEW BEDFORD, MA 02740



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-1792400

Applied For  
Not Applicable

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

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

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

000000670174  
03/27/07-80101-024 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FARAGO, PETER  
445 GRAND BAY DRIVE, UNIT 805  
KEY BISCAYNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FARAGO, DAPHNE  
445 GRAND BAY DRIVE, UNIT 805  
KEY BISCAYNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FARAGO, ALLAN D  
534 MENENDEZ AVENUE  
CORAL GABLES, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FARAGO, PAUL R  
445 GRAND BAY DRIVE, UNIT 805  
KEY BISCAYNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #