

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

1/11/2007-90052-035-\$61.25-\$61.25

**DOCUMENT # N35415**

1. Entity Name  
**THE CRIMI FAMILY FOUNDATION, INC.**



Principal Place of Business  
**3333 20TH ST  
VERO BEACH, FL 32960**

Mailing Address  
**3333 20TH ST  
VERO BEACH, FL 32960**

**FILED**

**07 FEB 12 AM 8:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0279389</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

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

**CRIMI, MICHAEL J  
3333 20TH ST  
VERO BEACH, FL 32960**

**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: *Michael J. Crimi*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE: *2/5/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CRIMI, MICHAEL J 3333 20TH ST VERO BEACH, FL 32960
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRIMI, MICHAEL D 3333 20TH ST VERO BEACH, FL 32960
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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: *Michael J. Crimi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-5-07 (772) 231-1855*

Date

Daytime Phone #

*72/13*