

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90220 049 \*\*\*\*61.25

<b>DOCUMENT # N94000003503</b>	
1. Entity Name	
THE RISCIGNO FAMILY FOUNDATION, INC.	



Principal Place of Business	Mailing Address
442 W. KENNEDY BLVD., #340 TAMPA FL 33606	442 W. KENNEDY BLVD., #340 TAMPA FL 33606

43011001



MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3315207	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
RIEF, FRANK III 442 W. KENNEDY BLVD., #340 TAMPA FL 33606	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	RISCIGNO, JAMES A <input type="checkbox"/> Delete	TITLE	JEFFREY C. RISCIGNO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2120 E. RANDOLPH CIRCLE	NAME	334 HAYDEN RD
STREET ADDRESS	TALLAHASSEE FL 32308	STREET ADDRESS	TALLAHASSEE FLA 32304
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	RISCIGNO, VIRGINIA A <input type="checkbox"/> Delete	TITLE	CHARLES DUVA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2120 E. RANDOLPH CIRCLE	NAME	3000 N. ATLANTIC FLOOR 11-ALIKI TOWER
STREET ADDRESS	TALLAHASSEE FL 32308	STREET ADDRESS	DAYTONA Bch FLA 32118
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DUVA, CHARLES D <input type="checkbox"/> Delete	TITLE	
NAME	345 S. ATLANTIC 3000 N, ATLANTIC FLR 11	NAME	
STREET ADDRESS	ORMOND BEACH FL 32176	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA Bch FL 32118	CITY-ST-ZIP	
TITLE	RISCIGNO, NICHOLAS V <input checked="" type="checkbox"/> Delete	TITLE	
NAME	8961 S.W. 196 DRIVE	NAME	
STREET ADDRESS	MIAMI FL 33157	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	RISCIGNO, NICHOLAS M <input checked="" type="checkbox"/> Delete	TITLE	
NAME	10562 CASTLE BAR GLEN DR. SOUTH	NAME	
STREET ADDRESS	JACKSONVILLE FL 32250	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Virginia A. Riscigno* (VIRGINIA A. RISCIGNO) 4/26/04 850-422-2195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #