2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003503

FILED Jan 10, 2007 Secretary of State

Entity Name: THE RISCIGNO FAMILY FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 442 W. KENNEDY BLVD., #340 TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** 442 W. KENNEDY BLVD., #340 TAMPA, FL 33606 FEI Number: 59-3315207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIEF, FRANK III 442 W. KENNEDY BLVD., #340 TAMPA, FL 33606 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RISCIGNO, JAMES A Name: Name: Address: 3607 DONEGAL DR Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: () Delete Title: () Change () Addition RISCIGNO, VIRGINIA A Name: Name: Address: 3607 DONEGAL DR Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: () Delete Title: (X) Change () Addition DUVA, CHARLES D Name: DUVA, CHARLES D Name: 1530 CONERSTONE BLVD # 200 1530 CORNERSTONE BLVD # 200 Address: Address: City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: DAYTONA BEACH, FL 32117 Title: () Delete Title: () Change () Addition RISCIGNO, NICHOLAS V Name: Name: Address: 8961 S.W. 196 DRIVE Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: (X) Change () Addition RISCIGNO, JEFFREY C RISCIGNO, JEFFREY C Name: Name: 573 CROOKED STICK 8 TALO CIRCLE Address: Address: DAYTONA BEACH, FL 32114 City-St-Zip: City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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: VIRGINIA A RISCIGNO V 01/10/2007