

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # N94000005197

**1. Entity Name
TOWNE FAMILY FOUNDATION, INC.**



**Principal Place of Business
639 TEAK COURT
WALNUT CREEK, CA 94598**

**Mailing Address
639 TEAK COURT
WALNUT CREEK, CA 94598**



02022005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0530930**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COMERICA BANK
1800 CORPORATE BLVD NW
SUITE 100
BOCA RATON, FL 33431**

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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

James McIneff Vice President

2/7/05

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, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME PALMIERI, MADELIN T
STREET ADDRESS 639 TEAK COURT
CITY-ST-ZIP WALNUT CREEK, CA 94598**

**TITLE D
NAME PALMIERI, LAURENCE
STREET ADDRESS 639 TEAK CT
CITY-ST-ZIP WALNUT CREEK, CA**

**TITLE TD
NAME PALMIERI, KATHRYN
STREET ADDRESS 5838 AMNEST WAY
CITY-ST-ZIP SACRAMENTO, CA 95835**

**TITLE SD
NAME PALMIERI, STEPHANIE
STREET ADDRESS 286 ELM STREET #6
CITY-ST-ZIP SAN CARLOS, CA 94070**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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02/16/05-80048-001 61.25

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IN THIS SPACE**

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:

Madelin T Palmieri, pres.

2-5-2005 (925) 938-6785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #