


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2008 08:00
Secretary of Stat**

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 94598-1730
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COMERICA BANK 1800 CORPORATE BLVD NW SUITE 100 BOCA RATON, FL 33431		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: <u>Comerica Bank</u> <u>Janet A. Sclafani, V.P.</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/12/08</u>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMIERI, MADELIN T 639 TEAK COURT WALNUT CREEK, CA 94598	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMIERI, KATHRYN 5838 AMNEST WAY SACRAMENTO, CA 95835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALMIERI, STEPHANIE 286 ELM STREET #6 SAN CARLOS, CA 94070	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Madelin T. Palmieri</u> <u>Madelin T. Palmieri</u> <u>1-10-2008</u> <u>(925) 938-6785</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0530930

Applied For
Not Applicable

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

1100000789394
01/22/08-80024-008 61.25

**DO NOT WRITE
IN THIS SPACE**