## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

N9400006235 (5)

THE TELESCO FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
150 BELLARIA	150 BELLARIA
PALM BEACH FL 33480	PALM BEACH FL 33480-4913

## **FILED** Jan 27 1997 8:00am Secretary of State



Principal Place of Business Mailing Address  150 BELLARIA PALM BEACH FL 33480  PALM BEACH FL 33480-4913											
					3. Date Incorpora 12/21/1			te of Last Re 10/08/198			
2. Principal Pl	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	4. FEI Number			Applied For		
21					65-054	65-0541463 Not App			t Applicable		
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required						
City & State		City & State			6. Election Camp Trust Fund Co			\$5.00 Added t			
Zιρ	Country	Zip	Cou	ntry	8. This corporation				199.032,		
24	25	29	30		Florida Statute			No			
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Ac	idress of New Re	gistered /	\gent			
				81 Name							
	TELESCO, DOM A 150 BELLARIA				address (P.O. Box Number is Not Acceptable)						
PALM BE	EACH FL 33480		ĺ	83							
			,	84 City				<b>85</b> Zip (	Code		
							<u> </u>	11.			
office or a agent. I a	o the provisions of Sections 617.05 egistered agent, or both, in the Gtat m familiar with and accept the obli	dations of, Section 617.0503_F	tes, the at authorized Jorida Stat	d by the corporates.	corporation submits this to oration's board of directo	$\sim$	pt the app	changing its	registered		
SIGNATURE _	Name of	1 DOC 1	Som	17.	1878300	KEED.		17/9			
	Signature typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·	TE: Registered	Agent signature r	required when reinstating)	IANGES TO OFFI	DATE CEDS AND	DIDECTOR	C IAI 12		
TITLE	D OFFICERS AI	ND DIRECTORS  DELETE	1.1 (	n E	ADDITIONS/CP	ANGES TO OFFI	CERS AND	Change	Addition		
NAME	TELESCO, DOMINICK A		1.2 N/					cagc			
STREET ADDRESS	150 BELLARIA			REET ADDRESS							
CITY-ST-ZIP	PALM BEACH FL 33480		1	TY-ST-ZIP							
TITLE	D	DELETE	2.1 Tr				·	Change	Addition		
NAME	TELESCO, SUSAN A		2.2 N/						_		
STREET ADDRESS	150 BELLARIA			REET ADORESS		ير خ	9				
CITY-ST-ZIP	PALM BEACH FL 33480			ITY-ST-ZIP							
TITLE	D	☐ DELETE	3.1 T(			······································	············	Change	Addition		
NAME	TELESCO, DAVID A		3.2 N/	UME							
STREET ADDRESS	245 MOUNTAIN AVENUE		3.3 ST	REET ADDRESS							
CITY-ST-ZIP	RIDGEWOOD NJ 07450		3.4. C	ITY-ST-ZIP							
TITLE	D	DELETE	4.1 TI	TLE			* ****	Change	Addition		
NAME	WOHLFORTH, SUSAN B		4. 2 N	AME							
STREET ADDRESS	60 ZACCHEUS MEAD LANE		4.3 S1	REET ADDRESS							
City-St-ZIP	GREENWICH CT 06831		4.4 Ci	TY-ST-21P							
TITLE	D	☐ DELETE	5.1 Ti	TLE				Change	☐ Addition		
NAME	BURNS, ELISE T		5.2 N/	ME							
STREET ADDRESS	500 EAST 77TH STREET		5.3 S	REET ADDRESS							
CITY-ST-ZIP	NEW YORK NY 10021		5.4 CI	TY-ST-2IP							
TITLE		☐ DELETE	61 T/	TLE				Change	Addition		
NAME			6.2 N	AME )							
STREET ADDRESS			6.3 S	TREET ADDRESS							
CITY-ST-ZIP			6.4 C	TY-ST-ZIP							

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, so an an attachment with an address.

SIGNATURE:

802-3434