2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# N94000006255

Entity Name: FRANK FAMILY FOUNDATION, INC.

Current Principal Place of Business:

115 E MAUMEE
ADRIAN, MI 49221

New Principal Place of Business:

Current Mailing Address:

115 E MAUMEE
ADRIAN, MI 49221

New Mailing Address:

FEI Number: 65-0549058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLUCCI, ROBYN
472 N.E. WAVE CREST WAY
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	SAPIRO, MARVIN	
Address:	9534 E. SUNRIDGE DR.	
City-St-Zip:	SUNLAKE, AZ 85248	
Title:	D	( ) Delete
Name:	SAPIRO, GLORIA	
Address:	9534 E. SUNRIDGE DR.	
City-St-Zip:	SUNLAKE, AZ 85248	
Title:	D	( ) Delete
Name:	SAPIRO, BRUCE	
Address:	3104 E. CAPICORN WAY	
City-St-Zip:	CHANDLER, AZ 85249	
Title:	D	( ) Delete
Name:	COLUCCI, ROBYN	
Address:	472 N.E. WAVE CREST WAY	
City-St-Zip:	BOCA RATON, FL 33432	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: ROBYN COLUCCI DIR 05/10/2007

Electronic Signature of Signing Officer or Director — Date