

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006255

FILED
Apr 22, 2008
Secretary of State

Entity Name: FRANK FAMILY FOUNDATION, INC.

Current Principal Place of Business:

115 E MAUMEE
ADRIAN, MI 49221

New Principal Place of Business:

227 N. WINTER STREET
307
ADRIAN, MI 49221

Current Mailing Address:

115 E MAUMEE
ADRIAN, MI 49221

New Mailing Address:

227 N. WINTER STREET
307
ADRIAN, MI 49221

FEI Number: 65-0549058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

04/22/2008

Electronic Signature of Signing Officer or Director

Date