

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90044 017 ****61.25

DOCUMENT # N95000004021
 1. Entity Name
THE MARCIA AND HARVEY ABEL FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address
340 SOUTH PALM AVENUE, UNIT 55 SARASOTA FL 34236 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0606828** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ABEL, HARVEY J
340 SO PALM AVE
APT 55
SARASOTA FL 34236

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature is not required when changing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> Delete
NAME	ABEL, MARCIA K	
STREET ADDRESS	340 S PALM AVE, APT 55	
CITY- ST- ZIP	SARASOTA FL 34236	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ABEL, HARVEY J	
STREET ADDRESS	340 S PALM AVE APT 55	
CITY- ST- ZIP	SARASOTA FL 34236	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DORRILL, SARALYN	
STREET ADDRESS	1515 HILLVIEW DR	
CITY- ST- ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABEL, JONATHAN	
STREET ADDRESS	752 COLLEGE AVE	
CITY- ST- ZIP	MENLO PARK CA 94025	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLPIZZO, BETH	
STREET ADDRESS	3127 VILLAGE GREEN DR.	
CITY- ST- ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELPizzo - (correct spelling)	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: HARVEY J. ABEL *Harvey J. Abel* 1/22/08 (941) 362-4130