


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000005768

1. Entity Name
 THE SALIZZONI FAMILY FOUNDATION, INC.



Principal Place of Business
 288 LOCHA DRIVE
 JUPITER, FL 33458

Mailing Address
 288 LOCHA DRIVE
 JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 65-0710648

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SALIZZONI, SARAH
 288 LOCHA DRIVE
 JUPITER, FL 33458

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	VPST
NAME	SALIZZONI, SARAH
STREET ADDRESS	288 LOCHA DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	SALIZZONI, JOHN
STREET ADDRESS	13 HIGH MEADOW LANE
CITY-ST-ZIP	AMHERST, NH 03031
TITLE	D
NAME	DEAN, LAURA
STREET ADDRESS	215 PINE VALLEY RD
CITY-ST-ZIP	WINSTON SALEM, NC 27104
TITLE	D
NAME	REVERDY, SUSAN
STREET ADDRESS	190 MAPLE STREET
CITY-ST-ZIP	STOW, MA 01775
TITLE	C
NAME	SALIZZONI, FRANK
STREET ADDRESS	288 LOCHA DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Frank Salizzoni **FRANK SALIZZONI** 1/4/07 561-747-7119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #