


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000005768
 1. Entity Name
 THE SALIZZONI FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address
 288 LOCHA DRIVE 288 LOCHA DRIVE
 JUPITER, FL 33458 JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0710648	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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: *Sarah Salizzoni* DATE: *1-5-2008*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

U00000774424
 01/07/08-80014-007 61.25

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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: *Sarah Salizzoni* Date: *1-5-08* Daytime Phone #: *561-747-7119*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR