2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N96000005768

Entity Name: THE SALIZZONI FAMILY FOUNDATION, INC.

Current Principal Place of Business:

288 LOCHA DRIVE
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

288 LOCHA DRIVE
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-0710648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALIZZONI, SARAH
288 LOCHA DRIVE
JUPITER, FL 33458 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: VPST ( ) Delete
Name: SALIZZONI, SARAH
Address: 288 LOCHA DRIVE
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: SALIZZONI, JOHN
Address: 13 HIGH MEADOW LANE
City-St-Zip: AMHERST, NH 03031

Title: D ( ) Delete
Name: DEAN, LAURA
Address: 215 PINE VALLEY RD
City-St-Zip: WINSTON SALEM, NC 27104

Title: D ( ) Delete
Name: REVERDY, SUSAN
Address: 190 MAPLE STREET
City-St-Zip: STOW, MA 01775

Title: C ( ) Delete
Name: SALIZZONI, FRANK
Address: 288 LOCHA DRIVE
City-St-Zip: JUPITER, FL 33458

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:

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: FRANK SALIZZONI PRES 01/05/2009

Electronic Signature of Signing Officer or Director — Date