

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006583

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** THE CAFESJIAN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2400 9TH STREET NORTH  
SUITE 401  
NAPLES, FL 34103

**New Principal Place of Business:**

10915 ENTERPRISE AVENUE  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

2400 9TH STREET NORTH  
SUITE 401  
NAPLES, FL 34103

**New Mailing Address:**

10915 ENTERPRISE AVENUE  
BONITA SPRINGS, FL 34135

**FEI Number:** 59-3417473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: PD  
Name: CAFESJIAN, GERARD L  
Address: 10915 ENTERPRISE AVENUE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD  
Name: CAFESJIAN, CLEO T  
Address: 10915 ENTERPRISE AVENUE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: BARADARAN, KATHLEEN  
Address: 10915 ENTERPRISE AVENUE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: SCALLEN, STEPHEN  
Address: 10915 ENTERPRISE AVENUE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: CAFESJIAN, THOMAS  
Address: 10915 ENTERPRISE AVENUE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: AT  
Name: JONES, GARY  
Address: 10915 ENTERPRISE AVENUE  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: GARY JONES

AT

03/05/2012

Electronic Signature of Signing Officer or Director

Date