2005 NOT-FOR-PROFIT CORPORATION

FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90175 006 ****61.25

941-366-6660

3/27/05

ANNUAL REPORT

DOCUMENT # N9/00000518 1. Entity Name											
THE ROBERT B. & MARCIA M. COSTELLO FAMILY FOUNDATION, INC.											
77 TIDY ISLAND 77 T				ng Address IDY ISLAND DENTON, FL 34210			50044495				
2. Principal Place of Business 3. Mai				iling Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			02242005 _{CI}	hg-NP	CR2E037	(10/03)	
City & State			City	City & State			4. FEI Number 65-073980	18		_ 	plied For t Applicable
Zip	Country		Zip	Zip C		intry	5. Certificate of St	atus Desired		3.75 Addi e Required	
6. Name and Address of Current Registers				Agent Name			7. Name and Add	ress of New Re	egistered Age	ent	
BAND, DAVID S 240 S PINEAPPLE AVE 10TH FL							(P.O. Box Number is	Not Acceptable)		
SARASOTA, FL 34236						City		· ·	-	Zip Code	
		y submits this statement for				<u> </u>			FL		
the obligat	Signature, typed	tered agent.	and title if appl	Icable. (NOTE	E: Registere	od Agent signature require	ed when reinstating)	 	DATE		
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Flori	ake check p da Departm	ent of St	ate
10.	VSD	OFFICERS AND D	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICER			
ITLE NAME STREET ADDRESS CITY-ST-ZIP	GRAVES, DOMINIC J			□ Delete					L] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINGENSMITH, RAYMOND L 7 HATSAWAP CAMBRIDGE, MA 21613			☐ Delete] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AVID S PINEAPPLE AVE. 10TH TA, FL 34236	FLOOR	□ Delete] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	240 SO F	BENJAMIN R PINEAPLE AVE. 10TH I TA, FL 34236	LOOR	☐ Delete					C] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	77 TIDY I	LO, MARCIA SLAND TON, FL 34210		☐ Delete] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	240 S. PI	KENNETH D NEAPPLE AVE., 10TH TA, FL 34236	FLOOR	□ Delete						Change	Addition
indicated	on this repo	e information supplied wit of or supplemental report in the receiver or trustee emp achment with an address	s true and a	accurate and that n	nv siona	ture shall have the	e same legal effect as	if made under d	ath: that I am	an officer	or director

David S. Band, Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR