


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002573		
1. Entity Name MACRICOSTAS FAMILY FOUNDATION, INC.		
Principal Place of Business 5509 PENNOCK POINT RD JUPITER, FL 33458	Mailing Address 5509 PENNOCK POINT RD JUPITER, FL 33458	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PILOTTE, FRANK T 340 ROYAL PALM WAY, STE. 100 PALM BEACH, FL 33480		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000531185 05/06/06-80027-022 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MACRICOSTAS, CONSTANTINE S 5509 PENNOCK POINT RD JUPITER, FL 33458	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MACRICOSTAS, GEORGE 930 TAHOE BLVD., #802-525 INCLINE VILLAGE, NY 89457	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MACRICOSTAS, MARIE C 5509 PENNOCK POINT RD JUPITER, FL 33458	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MACRICOSTAS, STEPHEN 2 MARILANE WESTPORT, CT 068801008	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <i>Marie C. Macricostas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/17/06 561-745-5568 <small>Date Daytime Phone #</small>