

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002573

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** MACRICOSTAS FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

5509 PENNOCK POINT RD  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

5509 PENNOCK POINT RD  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 65-0777858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PILOTTE, FRANK T  
340 ROYAL PALM WAY, STE. 100  
PALM BEACH, FL 33480 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: PTD ( ) Delete  
Name: MACRICOSTAS, CONSTANTINE S  
Address: 5509 PENNOCK POINT RD  
City-St-Zip: JUPITER, FL 33458

Title: VPD ( ) Delete  
Name: MACRICOSTAS, GEORGE  
Address: 930 TAHOE BLVD., #802-525  
City-St-Zip: INCLINE VILLAGE, NY 89457

Title: SD ( ) Delete  
Name: MACRICOSTAS, MARIE C  
Address: 5509 PENNOCK POINT RD  
City-St-Zip: JUPITER, FL 33458

Title: VPD ( ) Delete  
Name: MACRICOSTAS, STEPHEN  
Address: 1500 OCEAN DR #PH-04  
City-St-Zip: MIAMI BEACH, FL 33139

**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:

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: MARIE C. MACRICOSTAS

SECY

04/09/2009

Electronic Signature of Signing Officer or Director

Date