

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000003072

1. Entity Name
JOSEPH M. FLAMMIO FAMILY FOUNDATION, INC.



Principal Place of Business
2815 TURTLEMOUND RD.
MELBOURNE, FL 32934

Mailing Address
2815 TURTLEMOUND RD.
MELBOURNE, FL 32934

FILED
Feb 25, 2004 08:00 AM
Secretary of State



02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3449816

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLAMMIO, JOSEPH M
2815 TURTLEMOUND RD.
MELBOURNE, FL 32934

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLAMMIO, JOSEPH M
STREET ADDRESS 2815 TURTLEMOUND RD.
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE DST
NAME FLAMMIO, LEASHA D
STREET ADDRESS 2815 TURTLEMOUND RD.
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE DV
NAME FLAMMIO, CHRISTIAN J
STREET ADDRESS 2815 TURTLEMOUND RD.
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

000000066185
02/26/04-80004-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04

Date

Daytime Phone #