

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000005876

1. Entity Name

ANGELA M. RUSSO CHARITY, INC.



Principal Place of Business

510 WESTBROOK AVE.
BRANDON, FL 33511 US

Mailing Address

510 WESTBROOK AVE.
BRANDON, FL 33511 US

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3473904

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

RUSSO, RICHARD P
510 WESTBROOK AVE.
BRANDON, FL 33511

**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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000954011
07/10/08-80005-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUSSO, RICHARD P
STREET ADDRESS	510 WESTBROOK AVE.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VPD
NAME	WIEBELD, LILLIAN
STREET ADDRESS	620 MARPHIL LOOP
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VPD
NAME	RUSSO, RICHARD P JR.
STREET ADDRESS	628 CITUS WOOD LANE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VPD
NAME	RUSSO, NELSON
STREET ADDRESS	6808 PLEASANT OAKS PLACE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-08

Date

813-341-1234

Daytime Phone #