

ANNUAL REPORT

DOCUMENT # N97000006924

1. Entity Name
STAFFORD FAMILY FOUNDATION, INC.



Principal Place of Business

8111 BAY COLONY DRIVE
APARTMENT 2002
NAPLES, FL 34108

Mailing Address

8111 BAY COLONY DRIVE
APARTMENT 2002
NAPLES, FL 34108

FILED
Jan 09, 2007 08:00 AM
Secretary of State



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3484911

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, JOHN M
8111 BAY COLONY DRIVE
APARTMENT 2002
NAPLES, FL 34108

**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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: STAFFORD, JOHN M
STREET ADDRESS: 8111 BAY COLONY DRIVE, #2002
CITY-ST-ZIP: NAPLES, FL 34108

TITLE: D
NAME: STAFFORD, ARDIETTA F
STREET ADDRESS: 8111 BAY COLONY DRIVE, #2002
CITY-ST-ZIP: NAPLES, FL 34108

TITLE: D
NAME: STAFFORD, JOHN M JR
STREET ADDRESS: 8111 BAY COLONY DRIVE, #2002
CITY-ST-ZIP: NAPLES, FL 34108

TITLE: D
NAME: STAFFORD, MICHAEL A
STREET ADDRESS: 8111 BAY COLONY DRIVE, #2002
CITY-ST-ZIP: NAPLES, FL 34108

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

U00000580392
01/10/07-80046-003 61.25

**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

Date

Daytime Phone #

John M. STAFFORD

1/4/07

239-591-8368