

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
Secretary of State

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**



01132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3484911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000787403

01/17/08-80080-016 61.25

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	

**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 - 1/13/08 239-591-8868