

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000007095

1. Entity Name
THE VEGSO FAMILY FOUNDATION, INC.



Principal Place of Business
**3608 CARLTON PLACE
BOCA RATON, FL 33496**

Mailing Address
**3608 CARLTON PLACE
BOCA RATON, FL 33496**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0801555

Applied For

Not Applicable

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

5. Name and Address of Current Registered Agent

**VEGSO, PETER
3608 CARLTON PLACE
BOCA RATON, FL 33496**

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VEGSO, ANNE
3608 CARLTON PLACE
BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VEGSO, PETER
3608 CARLTON PLACE
BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PUTMAN, CAROLE
2830 N.W. 29TH DRIVE
BOCA RATON, FL 33434**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000181314
01/14/05-80044-004 61.25

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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)(f), 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: *Anne L. Vego* **ANNE VEGSO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 10, 2005 **Jan. 10, 2005**

Date

Daytime Phone #