

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 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



01092006 No Chg-NP

CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent

VEGSO, PETER
3608 CARLTON PLACE
BOCA RATON, FL 33496

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VEGSO, ANNE
STREET ADDRESS	3608 CARLTON PLACE
CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	VEGSO, PETER
STREET ADDRESS	3608 CARLTON PLACE
CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	PUTMAN, CAROLE
STREET ADDRESS	2830 N.W. 29TH DRIVE
CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/23/06-80006-001 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:

Anne L. Vego

Anne Vego

1/16/06

561 241-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #