


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005980 1. Entity Name THE VIZIOLI FOUNDATION, INC.	
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Principal Place of Business 3900 LAKE WARREN DR ORLANDO, FL 32812	Mailing Address 3900 LAKE WARREN DR ORLANDO, FL 32812
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VIZIOLI, NICOLA 3900 LAKE WARREN DR ORLANDO, FL 32812

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U000000124794 04/22/04-80059-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VIZIOLI, NICOLA 3900 LAKE WARREN DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST VIZIOLI, FILOMENA 3900 LAKE WARREN DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV VIZIOLI, JOHN 3341 HONEYSUCKLE LANE ORLANDO, FL 32813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Nicola Vizioli</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	420-20024407-8562445 <small>Date Daytime Phone #</small>
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