

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005980

1. Entity Name
THE VIZIOLI FOUNDATION, INC.



Principal Place of Business
**3900 LAKE WARREN DR
ORLANDO, FL 32812**

Mailing Address
**3900 LAKE WARREN DR
ORLANDO, FL 32812**

DO NOT WRITE IN THIS SPACE



04042006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VIZIOLI, NICOLA
3900 LAKE WARREN DR
ORLANDO, FL 32812**

**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 renewing)

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

U00000501009
04/25/06-80044-017 70.00

**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:

Nicola Vizioli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-06

407 856-2445