

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005980

FILED
Mar 23, 2008
Secretary of State

Entity Name: THE VIZIOLI FOUNDATION, INC.

Current Principal Place of Business:

3900 LAKE WARREN DR
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

3900 LAKE WARREN DR
ORLANDO, FL 32812

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VIZIOLI, NICOLA
Address: 3900 LAKE WARREN DR
City-St-Zip: ORLANDO, FL 32812

Title: DST () Delete
Name: VIZIOLI, FILOMENA
Address: 3900 LAKE WARREN DR
City-St-Zip: ORLANDO, FL 32812

Title: DV () Delete
Name: VIZIOLI, JOHN
Address: 4038 OLD DOMINION RD
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLA VIZIOLI

DP

03/23/2008

Electronic Signature of Signing Officer or Director

Date