

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000007155

1. Entity Name
THE CHAFFIOT FAMILY FOUNDATION, INC.



Principal Place of Business
**1802 SOUTH FISKE BOULEVARD
ROCKLEDGE, FL 32955**

Mailing Address
**1802 SOUTH FISKE BOULEVARD
ROCKLEDGE, FL 32955**



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3547226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FENNELL, TODD W
979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963**

**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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAFFIOT, ROBERT R
STREET ADDRESS	1802 SOUTH FISKE BOULEVARD
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	D
NAME	CHAFFIOT, ROBEANA G
STREET ADDRESS	1802 SOUTH FISKE BOULEVARD
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	D
NAME	CHAFFIOT, MARK K
STREET ADDRESS	1802 SOUTH FISKE BOULEVARD
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	D
NAME	CHAFFIOT, ROBERT R JR.
STREET ADDRESS	1802 SOUTH FISKE BOULEVARD
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	D
NAME	CHAFFIOT, VICTOR A
STREET ADDRESS	1802 SOUTH FISKE BOULEVARD
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000215443
02/05/05-80009-009 61.25

**DO NOT WRITE
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)(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 Robert R Chaffiot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05
Date

321 6323444
Daytime Phone #