

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90025 007 ****61.25

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

YUUNITEU



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3547226

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIOT, ROBERT R 1802 SOUTH FISKE BOULEVARD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIOT, ROBEANA G 1802 SOUTH FISKE BOULEVARD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIOT, MARK K 1802 SOUTH FISKE BOULEVARD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIOT, ROBERT R JR. 1802 SOUTH FISKE BOULEVARD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFIOT, VICTOR A 1802 SOUTH FISKE BOULEVARD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

Mark K Chaffiot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK CHAFFIOT

2/6/07

321-632-3444

Date

Daytime Phone #