



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90039 025 ****61.25

DOCUMENT # N99000004551 1. Entity Name NUZZO FAMILY FOUNDATION, INC.					
Principal Place of Business 800 OCEAN DR. APT 1101 JUNO BEACH, FL 33408			Mailing Address 800 OCEAN DR. APT 1101 JUNO BEACH, FL 33408		
2. Principal Place of Business 570 OCEAN DRIVE Suite, Apt. #, etc. APT 1101		3. Mailing Address 570 OCEAN DRIVE Suite, Apt. #, etc. APT 1101			
City & State JUNO BEACH		City & State JUNO BEACH		4. FEI Number 22-3700343	
Zip 33408		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Salvatore Nuzzo</i></u> Jan 4, 2005 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCB NUZZO, SALVATORE J 800 OCEAN DR. - APT. 1101 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NUZZO, LUCILLE 800 OCEAN DR. - APT. 1101 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NUZZO, JAMES L 361 COMMONWEALTH AVE. CHESTNUT HILL, MA 02487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NUZZO, DAVID R 1530 LOCUST ST. -APT 15B PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NUZZO, THOMAS S 409 LONDONDERRY RD. LUMBERTON, NC 28358	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NUZZO, DANA 17 WATERING LANE NORWALK, CT 06850	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	570 OCEAN DRIVE - APT 1101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	570 OCEAN DRIVE - APT 1101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Salvatore Nuzzo</i></u> Jan 4, 2005 561 627 5520 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					