


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000004551</b> 1. Entity Name <b>NUZZO FAMILY FOUNDATION, INC.</b>	
--	---

Principal Place of Business <b>570 OCEAN DRIVE APT 1101 JUNO BEACH FL 33408</b>	Mailing Address <b>570 OCEAN DRIVE APT 1101 JUNO BEACH FL 33408</b>
--	--



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc	3. Mailing Address  Suite, Apt. #, etc.
--	---

1st MOORE      CR2E037 (10/07)

City & State	4. FEI Number <b>22-3700343</b>
--------------	------------------------------------

Applied For <input type="checkbox"/> Not Applicable
--

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City
--	--

FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Sign with typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	DCB NUZZO, SALVATORE J <input type="checkbox"/> Delete
NAME	570 OCEAN DRIVE APT 1101
STREET ADDRESS	JUNO BEACH FL 33408
CITY- ST- ZIP	
TITLE	DP <input type="checkbox"/> Delete
NAME	NUZZO, LUCILLE
STREET ADDRESS	570 OCEAN DRIVE APT 1101
CITY- ST- ZIP	JUNO BEACH FL 33408
TITLE	DVP <input type="checkbox"/> Delete
NAME	NUZZO, JAMES L
STREET ADDRESS	361 COMMONWEALTH AVE.
CITY- ST- ZIP	CHESTNUT HILL MA 02467
TITLE	DVP <input type="checkbox"/> Delete
NAME	NUZZO, DAVID R
STREET ADDRESS	904 CLINTON ST
CITY- ST- ZIP	PHILADELPHIA PA 19107
TITLE	DVP <input type="checkbox"/> Delete
NAME	NUZZO, THOMAS S
STREET ADDRESS	409 LONDONDERRY RD.
CITY- ST- ZIP	LUMBERTON NC 28358
TITLE	D/VP <input type="checkbox"/> Delete
NAME	NUZZO, DANA
STREET ADDRESS	17 WATERING LANE
CITY- ST- ZIP	NORWALK CT 06850

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

00000002498  
02/04/08-80001-01306125

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 