

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006678

FILED
Jul 06, 2005
Secretary of State

Entity Name: SAVASTANO FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O FRANK SAVASTANO
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

19 ISLAND RD
STUART, FL 34996

New Mailing Address:

FEI Number: 65-0962221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PRATT, P.A., DAVID
2101 CORPORATE BLVD., STE 220
BOCA RATON, FL 33431 US

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: D () Delete
Name: SAVASTANO, FRANK
Address: 19 ISLAND RD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: SAVASTANO, MILDRED
Address: 19 ISLAND RD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: SAVASTANO, DAVID
Address: 1145 PINES LAKE DR W
City-St-Zip: WAYNE, NJ 07470

Title: D () Delete
Name: SAVASTANO, THOMAS
Address: 5 BRADBURY LANE
City-St-Zip: NEWBURY PORT, MA 01950

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANK SAVASTANO

D

07/06/2005

Electronic Signature of Signing Officer or Director

Date