2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# N99000007649

Entity Name: M.S.M. FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2400 FEATHER SOUND DR
APT 1217
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

232 DUNCASTER RD
BLOOMFEILD, CT 06002

New Mailing Address:

FEI Number: 59-3616154 **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:

MORAWSKI, SANDRA M
C/O THOMPSON, 2400 FEATHER SOUND DR.
APT 1217
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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:	MORAWSKI, SANDRA M	
Address:	232 DUNCASTER RD.	
City-St-Zip:	BLOOMFIELD, CT 06002	
Title:	D	( ) Delete
Name:	MORAWSKI, MARK	
Address:	232 DUNCASTER RD.	
City-St-Zip:	BLOOMFIELD, CT 06002	
Title:	D	( ) Delete
Name:	THOMPSON, ROBERT W	
Address:	2400 FEATHER SOUND DR, #1217	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	D	( ) Delete
Name:	THOMPSON, BETTY	
Address:	2400 FEATHER SOUND DR, #1217	
City-St-Zip:	CLEARWATER, FL 33762	

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 exemption stated 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 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: SANDRA A MORAWSKI D 06/24/2009
Electronic Signature of Signing Officer or Director — Date