

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000013088

**Entity Name:** COSTELLO FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

3436 NW 87TH CT  
OCALA, FL 34482

**Current Mailing Address:**

PO BOX 4331  
LISLE, IL 60532 US

**FEI Number:** 26-3258672

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COSTELLO, MICHAEL J II  
Address        3436 NW 87TH CT  
City-State-Zip: Ocala FL 34482

Title            STD  
Name            COSTELLO, LISA M  
Address        3436 NW 87TH CT  
City-State-Zip: Ocala FL 34482

Title            DIRECTOR  
Name            COSTELLO, ANTHONY  
Address        3436 NW 87TH CT  
City-State-Zip: Ocala FL 34482

Title            DIRECTOR  
Name            COSTELLO, MICHAEL J.  
Address        3436 NW 87TH CT  
City-State-Zip: Ocala FL 34482

Title            VP  
Name            COSTELLO, DOMINIC V.  
Address        3436 NW 87TH CT  
City-State-Zip: Ocala FL 34482

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL COSTELLO**

**PRESIDENT**

**04/16/2025**

Electronic Signature of Signing Officer/Director Detail

Date