

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011444

Entity Name: MACCHIA FAMILY FOUNDATION, INC.

Current Principal Place of Business:

128 FLAMINGO AVENUE
NAPLES, FL 34108

Current Mailing Address:

128 FLAMINGO AVENUE
NAPLES, FL 34108

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRAUSE, ANDREW J. ESQ.
999 VANDERBILT BEACH RD., SUITE 612
NAPLES, FL 34108 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: ANDREW J. KRAUSE

04/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, TREASURER
Name MACCHIA, JOHN A.
Address 128 FLAMINGO AVENUE
City-State-Zip: NAPLES FL 34108

Title DIRECTOR, VP, SECRETARY
Name MACCHIA, NORMA K
Address 128 FLAMINGO AVENUE
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name BREUMMER, SHAUN A
Address 1052 BROWN STREET
City-State-Zip: JACKSON MI 49203

Title DIRECTOR
Name MACCHIA, JOHN J
Address 7254 FAIRFIELD COURT
City-State-Zip: SPRING ARBOR MI 49283

Title DIRECTOR
Name MAY, ALYSSA J
Address 3405 W. DICKENS
APT 1
City-State-Zip: CHICAGO IL 60647

Title DIRECTOR
Name MAY, KATIE
Address 1052 BROWN STREET
City-State-Zip: JACKSON MI 49203

Title DIRECTOR
Name MACCHIA, RACHEL
Address 7254 FAIRFIELD COURT
City-State-Zip: SPRING ARBOR MI 49283

Title DIRECTOR
Name MAY, CORY
Address 1052 BROWN STREET
City-State-Zip: JACKSON MI 49203

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: JOHN A. MACCHIA

PRESIDENT

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date