


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000006577</b> 1. Entity Name <b>VALENTINO &amp; LILLIAN MIOTTO CHARITABLE FOUNDATION, INC.</b>	
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**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>183 COMMODORE DRIVE JUPITER, FL 33477</b>	Mailing Address <b>183 COMMODORE DRIVE JUPITER, FL 33477</b>
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07072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number <b>20-0550565</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MIOTTO, VALENTINO MR.  
183 COMMODORE DRIVE  
JUPITER, FL 33477**

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IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIOTTO, LILLIAN MRS. 183 COMMODORE DRIVE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T MIOTTO, VALENTINO MR. 183 COMMODORE DRIVE JUPITER, FL 33477
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07/16/08-80002-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Lillian B. Miotto, President* 7/8/08 561/746-4665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #