


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N03000010977	
1. Entity Name <b>ANTHONY AND EDITH COMPARATO FOUNDATION, INC.</b>	

Principal Place of Business <b>980 NORTH FEDERAL HWY SUITE 400 BOCA RATON, FL 33432</b>	Mailing Address <b>980 NORTH FEDERAL HWY SUITE 400 BOCA RATON, FL 33432</b>
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04182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0506759</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SKATOFF, JEFFREY H 980 NORTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432</b>
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMPARATO, ANTHONY 980 NORTH FEDERAL HWY, SUITE 400 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, EDITH 980 NORTH FEDERAL HWY, SUITE 400 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, ROBERT 980 NORTH FEDERAL HWY, SUITE 400 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, JAMES 980 NORTH FEDERAL HWY, SUITE 200 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, THOMAS 1320 OLD CHAIN BRIDGE RD, SUITE 400 MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000337185  
04/27/05-80156-025 70.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

<b>SIGNATURE</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4-25-05</b> Daytime Phone # _____
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