

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N03000010977	
1. Entity Name ANTHONY AND EDITH COMPARATO FOUNDATION, INC.	

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0506759	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKATOFF, JEFFREY H 980 NORTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 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	

U00000337185
04/27/05-80156-025 70.00

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IN THIS SPACE**

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.

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