

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006568

**Entity Name:** ANTHONY RIZZO FAMILY FOUNDATION, INC.

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC1279450545**

**Current Principal Place of Business:**

6574 N STATE ROAD 7  
SUITE 201  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6574 NORTH STATE ROAD 7  
SUITE 201  
COCONUT CREEK, FL 33073 US

**FEI Number:** 45-5636633

**Certificate of Status Desired:** No

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

RIZZO, LAURIE  
7670 NW 62ND WAY  
PARKLAND, FL 33076 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 D  
Name RIZZO, ANTHONY  
Address 7670 NW 62ND WAY  
City-State-Zip: PARKLAND FL 33067

Title P, D  
Name RIZZO, LAURIE  
Address 7670 NW 62ND WAY  
City-State-Zip: PARKLAND FL 33067

Title VP,D  
Name RIZZO, JOHN  
Address 7670 NW 62ND WAY  
City-State-Zip: PARKLAND FL 33067

Title S,TD  
Name RIZZO, JOHN A  
Address 7670 NW 62ND WAY  
City-State-Zip: PARKLAND FL 33067

*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:** LAURIE RIZZO

**PRESIDENT**

**04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date