

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90028 040 ****61.25

DOCUMENT # N00000008095

1. Entity Name

ROBERT E. PRISTO FOUNDATION, INC.



Principal Place of Business

2132 E OAKLAND PARK BLVD.
201
FORT LAUDERDALE, FL 33306

Mailing Address

2132 E OAKLAND PARK BLVD.
201
FORT LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

36-6161808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPARD & LESKAR, P.A.
100 S PINE ISLAND ROAD #201
PLANTATION, FL 33324

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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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME PRISTO, ROBERT E
STREET ADDRESS 2132 E OAKLAND PRK BLVD., STE. 201
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

TITLE VSD
NAME PRISTO, LILLIAN
STREET ADDRESS 2132 E OAKLAND PARK BLVD., STE. 201
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

TITLE D
NAME REVIER, VICTORIA
STREET ADDRESS 2132 E OAKLAND PARK BLVD., STE. 201
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07
Date

954-771-6600
Daytime Phone #