


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000006577 1. Entity Name VALENTINO & LILLIAN MIOTTO CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 183 COMMODORE DRIVE JUPITER, FL 33477	Mailing Address 183 COMMODORE DRIVE JUPITER, FL 33477
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MIOTTO, VALENTINO MR. 183 COMMODORE DRIVE JUPITER, FL 33477	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/8/08** Daytime Phone # **561/746-4665**

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

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

U00000955100
07/16/08-80002-025 61.25

**DO NOT WRITE
IN THIS SPACE**