

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

FILED
Apr 11, 2008 08:00 A
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



02192008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-0506759

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000892157
04/23/08-80054-013 61.25

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	

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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]

A. COMPARATO - 4-7-08-561-3914040-

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #