


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

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90035 044 \*\*\*\*61.25

**DOCUMENT # N05000012693**

1. Entity Name  
 THE ROBERT AND NANCY AMATO FOUNDATION, INC.



Principal Place of Business  
 C/O ROBERT A. AMATO  
 2580 S OCEAN BLVD #R2C6  
 PALM BCH, FL 33480

Mailing Address  
 C/O ROBERT A. AMATO  
 2580 S OCEAN BLVD #R2C6  
 PALM BCH, FL 33480

40011201



2. Principal Place of Business - No P O Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01302007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 20-3963878

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHEPPS, MITCHELL D ESQ.  
 777 S FLAGLER DR STE 600E  
 W PALM BCH, FL 33401

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AMATO, ROBERT A	
STREET ADDRESS	2580 S OCEAN BLVD #R2C6	
CITY-ST-ZIP	PALM BCH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMATO, NANCY L	
STREET ADDRESS	2580 S OCEAN BLVD #R2C6	
CITY-ST-ZIP	PALM BCH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEPPS, MITCHELL D F	
STREET ADDRESS	777 S FLAGLER DR STE 600E	
CITY-ST-ZIP	W PALM BCH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-07 561-493-1017  
 Date Daytime Phone #