
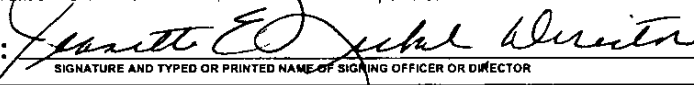


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90025 033 ****61.25

DOCUMENT # N15832 1. Entity Name AMATURO FAMILY FOUNDATION, INC.					
Principal Place of Business 3101 NORTH FEDERAL HIGHWAY SUITE 601 FT. LAUDERDALE, FL 33306 US			Mailing Address 3101 NORTH FEDERAL HIGHWAY SUITE 601 FT. LAUDERDALE, FL 33306 US		
2. Principal Place of Business - No P.O. Box # 3101 NORTH FEDERAL HWY		3. Mailing Address 3101 NORTH FEDERAL HWY			
Suite, Apt. #, etc. 6TH FLOOR		Suite, Apt. #, etc. 6TH FLOOR			
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL			
Zip 33306		Country US		03182008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2718130		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CAMERON, CARA EBERT 2929 EAST COMMERCIAL BLVD., STE. 409 FT. LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENSTEIN, ELIZABETH 3101 N FEDERAL HWY, # 601 FT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATURO, DOUGLAS Q 3101 N FEDERAL HWY 6TH FLOOR FT LAUDERDALE, FL 33306 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATURO, JOSEPH C 3101 N FEDERAL HWY, # 601 FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMATURO, WINIFRED J 3101 N FEDERAL HWY, 6th Floor FT LAUDERDALE, FL 33306 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, LORNA AMATURO 3101 N FEDERAL HWY, # 601 FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATURO, WINIFRED L 3101 N FEDERAL HWY, 6TH FLOOR FT LAUDERDALE, FL 33306 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMERON, CARA EBERT 2929 E. COMMERCIAL BLVD #410 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATURO, LAWRENCE V 3101 N. FEDERAL HWY - #601 FT. LAUDERDALE, FL 33306 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS NICKEL, JEANETTE E 3301 ARUBA WAY #J-4 COCONUT CREEK, FL 33066 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS NICKEL, JEANETTE E 3101 N FEDERAL HWY, 6TH FLOOR FT. LAUDERDALE, FL 33306 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 4/4/08 (434) 565-1411		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					