

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004223**

1. Entity Name  
**THE CAMICCIA-ARNAUTOU CHARITABLE FOUNDATION, INC.**



Principal Place of Business  
**C/O BILL T. SMITH, JR., P.A.  
980 N. FEDERAL HWY., STE. 402  
BOCA RATON, FL 33432**

Mailing Address  
**C/O BILL T. SMITH, JR., P.A.  
980 N. FEDERAL HWY., STE. 402  
BOCA RATON, FL 33432**



01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0610686**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SMITH, BILL T JR.  
C/O BILL T. SMITH, JR., P.A.  
980 N. FEDERAL HWY., STE. 402  
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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/16/06*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DST
NAME	SMITH, BILL T JR.
STREET ADDRESS	980 N. FEDERAL HWY., STE. 402
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	GESNER, CARMELLA
STREET ADDRESS	889 2-B VIA CABANA
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	D'ELIA, MAXINE
STREET ADDRESS	5601 N A1A 111-5
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000475385  
04/05/06-80013-013 61.25

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

*3/16/06*  
Date

*31-368-5157*  
Daytime Phone #