

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012693

**FILED**  
**Jan 20, 2017**  
**Secretary of State**  
**CC8100187761**

**Entity Name:** THE ROBERT AND NANCY AMATO FOUNDATION, INC.

**Current Principal Place of Business:**

C/O NANCY L. AMATO  
2580 S OCEAN BLVD #2C6  
PALM BEACH, FL 33480

**Current Mailing Address:**

C/O NANCY L. AMATO  
2580 S OCEAN BLVD #2C6  
PALM BEACH, FL 33480 US

**FEI Number: 20-3963878**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AMATO, NANCY L  
2580 S OCEAN BLVD #2C6  
PALM BEACH, FL 33480 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name AMATO, NANCY L  
Address 2580 S OCEAN BLVD #2C6  
City-State-Zip: PALM BEACH FL 33480

Title D  
Name AMATO, DEBRA  
Address 2580 S OCEAN BLVD #2C6  
City-State-Zip: PALM BEACH FL 33480

Title D  
Name AMATO, ROGER C  
Address 2580 S OCEAN BLVD #2C6  
City-State-Zip: PALM BEACH FL 33480

Title D  
Name AMATO, PETER  
Address 2580 S OCEAN BLVD #2C6  
City-State-Zip: PALM BEACH FL 33480

Title D  
Name AMATO, PHILIP  
Address 2580 S OCEAN BLVD #2C6  
City-State-Zip: PALM BEACH FL 33480

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NANCY AMATO**

**D**

**01/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date