

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004000

**Entity Name:** CARLOS & MYRNA CAPATI FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

704 GOODLETTE FRANK RD N #204  
NAPLES, FL 34102

**Current Mailing Address:**

704 GOODLETTE FRANK RD N #204  
NAPLES, FL 34102 US

**FEI Number: 81-1684022**

**Certificate of Status Desired: No**

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

SANTORO, STEPHEN JD  
704 GOODLETTE FRANK RD N #204  
NAPLES, FL 34102 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 CAPATI, CARLOS  
Address 2357 S. GLENN AVE.  
City-State-Zip: DECATUR IL 62521

Title D  
Name CAPATI, MYRNA  
Address 2357 S. GLENN AVE.  
City-State-Zip: DECATUR IL 62521

Title D  
Name CAPATI, WILLIAM  
Address 3125 PARC RIDGE LN.  
City-State-Zip: ST. LOUIS MO 63130

Title D  
Name CAPATI, ALBERT  
Address 1027 SOUTH 2ND ST.  
City-State-Zip: SPRINGFIELD IL 32704

Title D  
Name CAPATI, JAY  
Address 2357 S. GLENN AVE.  
City-State-Zip: DECATUR IL 62521

Title AUTHORIZED REPRESENTATIVE  
Name SANTORO, STEPHEN V  
Address 704 GOODLETTE FRANK RD N #204  
City-State-Zip: NAPLES FL 34102

*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: STEPHEN V SANTORO**

**AUTH. REP.**

**04/23/2024**

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

\_\_\_\_\_  
Date