#### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000003602

Entity Name: DR. FRITZ FONTUS FOUNDATION INC.

FILED
Jun 07, 2020
Secretary of State
7449379140CC

# **Current Principal Place of Business:**

3401 SW 50TH STREET FORT LAUDERDALE, FL 33312

### **Current Mailing Address:**

3401 SW 50TH STREET

FORT LAUDERDALE. FL 33312 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CALIXTE, HAROLD 853 SW 190TH AVENUE PEMBROKE PINES,, FL 33029 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 P Title VP

NameMARYSE, FONTUS SNameDARIUS, DONA REVAddress3401 SW 50TH STREETAddress853 SW 190TH AVENUE

City-State-Zip: FORT LAUDERDALE FL 33312 City-State-Zip: PEMBROKE PINES FL 33029

Title ETC Title T

NameSNELL, FONTUS S DR.NameCALIXTE, NANCY DR.Address3401 SW 50TH STREETAddress853 SW 190TH AVENUECity-State-Zip:FORT LAUDERDALE FL 33312City-State-Zip:PEMBROKE PINES FL 33029

Title S

Name DADIEL, BUDRY R
Address 9012 WHITFEILD DRIVE
City-State-Zip: ESTERO FL 33928

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: MARYSE FONTUS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

06/07/2020

Date