

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90090 044 ****61.25

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1. Entity Name

THE JOANNE AND JOHN DALLEPEZZE FOUNDATION, INC.



Principal Place of Business

**3311 OAK HAMMOCK COURT
BONITA SPRINGS FL 34134**

Mailing Address

**3311 OAK HAMMOCK COURT
BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3650218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DALLEPEZZE, JOHN
3311 OAK HAMMOCK COURT
BONITA SPRINGS FL 34134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **DALLEPEZZE, JOHN R**
STREET ADDRESS **3311 OAK HAMMOND CT.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete
NAME **DALLEPEZZE, CHRISTINA**
STREET ADDRESS **221 MOTT ST. APT. 10**
CITY-ST-ZIP **NEW YORK NY 10012**

TITLE **D** ☐ Delete
NAME **DALLEPEZZE, PETER A**
STREET ADDRESS **1401 BAYSHORE DRIVE, APT 1C**
CITY-ST-ZIP **COLUMBUS OH 43204**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **332 Berry St.**
CITY-ST-ZIP **Brooklyn NY 11211**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2960 Woodgate Drive #353**
CITY-ST-ZIP **St. Joseph MI 49085**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

239-949-6066

Date

Daytime Phone #