
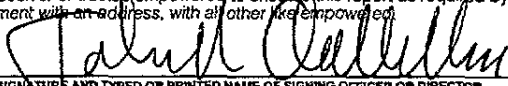


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM  
Secretary of State

DOCUMENT # N00000004227		
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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  DALLEPEZZE, JOHN 3311 OAK HAMMOCK COURT BONITA SPRINGS, FL 34134		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DALLEPEZZE, JOHN R 3311 OAK HAMMOND CT. BONITA SPRINGS, FL 34134	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALLEPEZZE, CHRISTINA 332 BERRY ST. BROOKLYN, NY 11211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALLEPEZZE, PETER A 2960 WOODGATE DR., #353 SAINT JOSEPH, MI 49085	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		1/6/06 239-9449-6066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-3650218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/11/06-80013-018 61.25