2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90088 050 ****61.25

DOCUMENT # N00000004227

1. Entity Name
THE JOANNE AND JOHN DALLEPEZZE FOUNDATION, INC.

Principal Place of Business	Mailing Address
3311 OAK HAMMOCK COURT BONITA SPRINGS, FL 34134	3311 OAK HAMMOCK COURT BONITA SPRINGS, FL 34134

01112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
81 SEAGATE DRIVE	81 SEAGATE DRIVE
Suite, Apt. #, etc.: 1701	Suite, Apt. #, etc.: 1701
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34103 Country: ~~USA~~	Zip: 34103 Country: USA

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): 81 SEAGATE DRIVE #1701 City: NAPLES FL Zip Code: 34103

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] 1/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST DALLEPEZZE, JOHN R 3311 OAK HAMMOND CT. BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 81 SEAGATE DRIVE #1701 NAPLES FL 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALLEPEZZE, CHRISTINA 332 BERRY ST. BROOKLYN, NY 11211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALLEPEZZE, PETER A 1799 WEST 5TH AVE SUITE 225 COLUMBUS, OH 43212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR