


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90034 002 ****61.25

| | |
|---|---|
| DOCUMENT # N04000008018 1. Entity Name DEPENDONUS FOUNDATION, INC. |  |
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|--|--|
| Principal Place of Business 1003 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442 | Mailing Address 1003 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442 |
|--|--|

40004099

DO NOT WRITE IN THIS SPACE

01082008 No Chg-NP CR2E037 (4/06)

| | |
|---|-------------------------------|
| 4. FEI Number 20-1515907 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent ZIMMERMAN, STEPHEN L 737 E ATLANTIC BLVD POMPANO BEACH, FL 33060 |
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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 _____

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RYAN, SHAWN 1003 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCCAULEY, MATTHEW 1003 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ZIMMERMAN, STEPHEN L ZIMMERMAN, STEPHEN L 737 E ATLANTIC BLVD POMPANO BEACH, FL 33060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____