## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007439

Entity Name: DEPONTE FOUNDATION, INC.

FILED Mar 22, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of	Business:	
8671 NW 28TH PLACE SUNRISE, FL 33322				
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
8671 NW 28TH PLACE SUNRISE, FL 33322		339 EASTERN STREET SUITE B-219 NEW HAVEN, CT 06513		
FEI Number: 06-1216118	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
CORPORATION SERVICE 1201 HAYS STREET TALLAHASSEE, FL 3230				
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		nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	

Title: D () Delete Title: () Change () Addition Name: DEPONTE, RALPH Name: Address: 339 EASTERN STREET APT B-219 Address: City-St-Zip: NEW HAVEN, CT 06513 City-St-Zip:

Title: PCEO ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DEPONTE, RALPH
 Name:

 Address:
 339 EASTERN STREET APT B-219
 Address:

 City-St-Zip:
 NEW HAVEN, CT 06513
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

Name: YALLEY, JOSEPH Name: DEPONTE, MARK

Address: 339 EASTERN STREET APT B-219 Address: 339 EASTERN STREET APT B-219

City-St-Zip: NEW HAVEN, CT 06513 City-St-Zip: NEW HAVEN, CT 06513

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RALPH DEPONTE D 03/22/2008