


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

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90367 017 \*\*\*\*61.25

DOCUMENT # N07000001170			
1. Entity Name FIDELIS FOUNDATION, INC.			
Principal Place of Business <del>4250 NW 43 STREET</del> <del>COCONUT CREEK, FL 33073</del>		Mailing Address <del>4250 NW 43 STREET</del> <del>COCONUT CREEK, FL 33073</del>	
2. Principal Place of Business - No P.O. Box # 16668 Winnis Circle		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach		City & State	
Zip 33446		Country USA	
4. FEI Number 20-8516316		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>ALTSCHUL, JOSEPH E</del> <del>2717 W CYPRESS CREEK RD</del> <del>FT LAUDERDALE, FL 33309</del>		7. Name and Address of New Registered Agent Name: <u>AIERI AND ASSOCIATES, LLC</u> Street Address (P.O. Box Number is Not Acceptable): <u>5143 NW 42 TERACE</u> City: <u>COCONUT CREEK</u> FL Zip Code: <u>33073</u>	
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: <u>[Signature]</u>		SIGNATURE: <u>PAUL R. AIERI, Esq.</u> DATE: <u>4-22-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <del>PD</del>	NAME: <del>DESEFANO, GENNARINO</del> <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <u>ROBERT BOSWELL</u>
STREET ADDRESS: <del>4250 NW 43RD ST</del>	CITY-ST-ZIP: <del>COCONUT CREEK, FL 33073</del>	STREET ADDRESS: <u>16668 WINNIS CIRCLE</u>	CITY-ST-ZIP: <u>DELRAY BCH, FL 33446</u>
TITLE: <del>TSD</del>	NAME: <del>DESEFANO MARGARET</del> <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <u>JEFFREY HUNT</u>
STREET ADDRESS: <del>4250 NW 43RD ST</del>	CITY-ST-ZIP: <del>COCONUT CREEK, FL 33073</del>	STREET ADDRESS: <u>16668 WINNIS CIRCLE</u>	CITY-ST-ZIP: <u>DELRAY BCH, FL 33446</u>
TITLE: <del>D, P</del>	NAME: <del>GORMLEY, STACEY</del> <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <u>S, J JANET RUFFOLA</u>
STREET ADDRESS: <del>4250 NW 43RD ST</del>	CITY-ST-ZIP: <del>COCONUT CREEK, FL 33073</del>	STREET ADDRESS: <u>16668 WINNIS CIRCLE</u>	CITY-ST-ZIP: <u>DELRAY BEACH, FL 33446</u>
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <u>ERIN TURNER</u>
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	STREET ADDRESS: <u>16668 WINNIS CIRCLE</u>	CITY-ST-ZIP: <u>DELRAY BCH, FL 33446</u>
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <u>T, A TONY ALTAMARIO</u>
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	STREET ADDRESS: <u>16668 WINNIS CIRCLE</u>	CITY-ST-ZIP: <u>DELRAY BCH, FL 33446</u>
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <u>L, LEONARD SUKIANIK</u>
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete	STREET ADDRESS: <u>16668 WINNIS CIRCLE</u>	CITY-ST-ZIP: <u>DELRAY BCH, FL 33446</u>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <u>[Signature]</u>		SIGNATURE: <u>ERIN TURNER, Director</u> DATE: <u>4-22-08</u> DAYTIME PHONE #: <u>954-315-4315</u>	