

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003323

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** DON'T DISMISS DEPRESSION FOUNDATION, INC.

**Current Principal Place of Business:**

3200 NE 36TH STREET  
APT. 803  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

3200 NE 36TH STREET  
SUITE 803  
FORT LAUDERDALE, FL 33308 US

**New Mailing Address:**

3200 NE 36TH STREET  
APT. 803  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 26-2352395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWERS, MICHAEL E CPA  
33200 NE 36TH STREET  
SUITE 803  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** POWERS, EDWARD J JR  
**Address:** 3200 NE 36TH STREET, APT 803  
**City-St-Zip:** FORT LAUDERDALE, FL 33308 US

**Title:** D  
**Name:** DIODATI, CARMINE  
**Address:** 3200 NE 36TH STREET  
**City-St-Zip:** FORT LAUDERDALE, FL 33308 US

**Title:** D  
**Name:** GRACE, CHARLES  
**Address:** 11340 W OLYMPIC BLVD APT 185  
**City-St-Zip:** LOS ANGELES, CA 90064 US

I hereby 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 all other like empowered.

**SIGNATURE:** EDWARD J. POWERS JR.

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date