

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000750

FILED
Feb 16, 2009
Secretary of State

Entity Name: THE PETER J. FONTAINE FOUNDATION, INC.

Current Principal Place of Business:

1509 S FLORIDA AVE
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

80 PEACHTREE ROAD
SUITE 110
ASHEVILLE, NC 28803 US

New Mailing Address:

FEI Number: 59-3157131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTAINE, PETER J
1509 S FLORIDA AVE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

FONTAINE, PETER J PRES
1509 S FLORIDA AVE
LAKELAND, FL 33803 US

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: PETER J. FONTAINE

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FONTAINE, PETER J
Address: 1509 SOUTH FLORIDA AVE
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: SMITH, CHARLES P
Address: 1509 SOUTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: DS () Delete
Name: GILLETTE, THEODORE
Address: 10809 INDIAN HILLS COURT
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FONTAINE, PETER J PRES
Address: 1509 SOUTH FLORIDA AVE
City-St-Zip: LAKELAND, FL 33803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER J. FONTAINE

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date