2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 08:00 AM Secretary of State

DOC	IMENIT	#	N92000000816	i
	JIVILIVIL	77	11020000000000	,

1. Entity Name
THE DENIS L. FONTAINE FOUNDATION, INC.



Principal Place of Business

401 E JACKSON STREET STE 2400 Mailing Address

POST OFFICE BOX 1810 TAMPA, FL 33601

TAMPA, FL 33602



DO NOT WRITE IN THIS SPACE

02092006 No Chg-NP CR2E0

CR2E037 (11/05)

4. FEI Number 59-3157129

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GARDNER, MERRITT A 401 E JACKSON ST STE 2400 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

STE 2400 TAMPA, FL 33602				IN THIS SPACE		
the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered byent \$100 Will	e if applicable (NOTE: Registered	Agent signature	o required when reinstaling)	QATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finant Trust Fund Contribution.	cing 🖂	\$5.00 May Be Added to Fees	1/0/00/0447883 03/08/06-80075-019 61.25	
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SHATZER, WARREN 3 LAKE HOLLINGSWORTH LAKELAND, FL 33803				•	
sitle name streel address city-st-zip	PD FONTAINE, GLENDA 5934 PIER PLACE DR. LAKELAND, FL 33813					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARDNER, MERRITT A 401 E JACKSON ST., STE 2400			DO NOT WRITE		
HITLE NAME STREET ADDRESS CITY-ST-ZIP	THE COLUMN TO THE TANK THE TAN			IN THIS SPACE		
TIPLE NAME STREET ADDRESS CHY-ST-ZIP	D FONTAINE, CHRISTOPHER J. 5934 PIER PLACE DR. LAKELAND, FL 33813			-	*	
TITLE NAME STREET ADDRESS					• • • • • • • • • • • • • • • • • • •	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied penial 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 by truestee 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:

MILET WANTE OF SIGNING OFFICER OR DIRECTOR

SIT

23 2006

813 221-8000

Daytime Phone #