

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90031 023 \*\*\*\*61.25

DOCUMENT # N92000000816

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



Principal Place of Business  
401 E JACKSON STREET  
STE 2400  
TAMPA, FL 33602

Mailing Address  
POST OFFICE BOX 1810  
TAMPA, FL 33601



2. Principal Place of Business - No P.O. Box #

5415 Mariner Street

3. Mailing Address

5415 Mariner Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33609

Country

USA

Zip

33609

Country

USA

01242007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-3157129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Merritt A. Gardner

Street Address (P.O. Box Number is Not Acceptable)

5415 Mariner Street, Ste. 200

City

Tampa

FL

Zip Code  
33609

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SHATZER, WARREN  
STREET ADDRESS 3 LAKE HOLLINGSWORTH  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE PD ☐ Delete  
NAME FONTAINE, GLENDA  
STREET ADDRESS 5934 PIER PLACE DR.  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ST ☐ Delete  
NAME GARDNER, MERRITT A  
STREET ADDRESS 401 E JACKSON ST., STE 2400  
CITY-ST-ZIP TAMPA, FL 33602

TITLE D ☐ Delete  
NAME FONTAINE, GREGORY  
STREET ADDRESS 11 TIMBERLEASE DRIVE  
CITY-ST-ZIP FLETCHER, NC 28732

TITLE D ☐ Delete  
NAME FONTAINE, CHRISTOPHER J.  
STREET ADDRESS 5934 PIER PLACE DR.  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☒ Change ☐ Addition  
NAME Merritt A. Gardner  
STREET ADDRESS 5415 Mariner Street, Ste. 200  
CITY-ST-ZIP Tampa, Florida 33609

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Julie A. Fontaine  
STREET ADDRESS 2562 Muir Circle  
CITY-ST-ZIP Wellington, Florida 33414

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #