2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N92000000816

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

Current Principal Place of Business:

5415 MARINER STREET
STE 200
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

5415 MARINER STREET
STE 200
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3157129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARDNER, MERRITT A
5415 MARINER STREET, STE 200
TAMPA, FL 33609 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:	D	( ) Delete
Name:	SHATZER, WARREN	
Address:	3 LAKE HOLLINGSWORTH	
City-St-Zip:	LAKELAND, FL 33803	
Title:	PD	( ) Delete
Name:	FONTAINE, GLENDA	
Address:	5934 PIER PLACE DR.	
City-St-Zip:	LAKELAND, FL 33813	
Title:	ST	( ) Delete
Name:	GARDNER, MERRITT A	
Address:	5415 MARINER STREET, STE 200	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	FONTAINE, GREGORY L	
Address:	4140 CLEMMONS ROAD, #357	
City-St-Zip:	CLEMMONS, NC 27012	
Title:	D	( ) Delete
Name:	FONTAINE, CHRISTOPHER J	
Address:	5934 PIER PLACE DR.	
City-St-Zip:	LAKELAND, FL 33813	
Title:	D	( ) Delete
Name:	FONTAINE, JULIE A	
Address:	2562 MUIR CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33414	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	SHATZER, WARREN	
Address:	1003 LAKE HOLLINGSWORTH DR.	
City-St-Zip:	LAKELAND, FL 33803	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: MERRITT A. GARDNER ST 02/05/2009

Electronic Signature of Signing Officer or Director — Date