


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004157


1. Entity Name
 THE WALTER J. GATTI FOUNDATION, INC.



Principal Place of Business
 2060 S. PATRICK DRIVE
 INDIAN HARBOUR, FL 32937

Mailing Address
 2060 S. PATRICK DRIVE
 INDIAN HARBOUR, FL 32937

DO NOT WRITE IN THIS SPACE



07182006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3470290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GATTI, WALTER J
 2060 S. PATRICK DRIVE
 INDIAN HARBOUR, FL 32937

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATTI, WALTER J 2060 S. PATRICK DRIVE INDIAN HARBOUR, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEROW, RICHARD C 1801 SARNO ROAD SUITE 3 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DETTMER, DALE A 780 S. APOLLO BLVD., SUITE 102 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

00000573244
 08/03/06-80002-018 61.25

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 employed.

SIGNATURE:  **7/25/06** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR