


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000004157 1. Entity Name THE WALTER J. GATTI FOUNDATION, INC.	
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Principal Place of Business 2060 S. PATRICK DRIVE INDIAN HARBOUR, FL 32937	Mailing Address 2060 S. PATRICK DRIVE INDIAN HARBOUR, FL 32937
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DO NOT WRITE IN THIS SPACE



02172007 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

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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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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	

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 03/15/07-80041-013 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 empowered.

SIGNATURE:  **2-28-07** **321-779-6914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #