


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000004157
 1. Entity Name
 THE WALTER J. GATTI FOUNDATION, INC.



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

DO NOT WRITE IN THIS SPACE



03042008 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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

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1100000883925
 04/17/08-80025-010 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 or without other life empowered.

SIGNATURE:  **3/3/08** **321-773-3036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #