

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004157

FILED  
Jul 02, 2009  
Secretary of State

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

## Current Principal Place of Business:

2060 S. PATRICK DRIVE  
INDIAN HARBOUR, FL 32937

## New Principal Place of Business:

722 LOGGERHEAD ISLAND DR.  
SATELLITE BEACH, FL 32937

## Current Mailing Address:

2060 S. PATRICK DRIVE  
INDIAN HARBOUR, FL 32937

## New Mailing Address:

FEI Number: 59-3470290      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GATTI, WALTER J  
722 LOGGERHEAD ISLAND DR.  
SATELLITE BEACH, FL 32937      US

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

07/02/2009

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: GATTI, WALTER J  
Address: 2060 S. PATRICK DRIVE  
City-St-Zip: INDIAN HARBOUR, FL 32937

Title: D      ( ) Delete  
Name: CEROW, RICHARD C  
Address: 1801 SARNO ROAD SUITE 3  
City-St-Zip: MELBOURNE, FL 32935

Title: D      ( ) Delete  
Name: DETTMER, DALE A  
Address: 780 S. APOLLO BLVD., SUITE 102  
City-St-Zip: MELBOURNE, FL 32901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: GATTI, WALTER J  
Address: 722 LOGGERHEAD ISLAND DR.  
City-St-Zip: SATELLITE BEACH, FL 32937

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: WALTER J GATTI

Electronic Signature of Signing Officer or Director

DIR

07/02/2009

Date