

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003639

1. Entity Name
FOR PETE'S SAKE FOUNDATION, INC.



Principal Place of Business
**4041 S.W. 47TH AVENUE
FORT LAUDERDALE, FL 33317**

Mailing Address
**4041 S.W. 47TH AVENUE
FORT LAUDERDALE, FL 33317**



01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0845406** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DORNAU, PETER G
4041 SW 41ST AVE
FORT LAUDERDALE, FL 33314**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 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	PD DORNAU, PETER 4041 S.W. 47TH AVENUE FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DORNAU, MAUREEN 4041 S.W. 47TH AVENUE FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORNAU, GREGOR 4041 S.W. 47TH AVENUE FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUZZO, SUZANNE 13703 NORTH COUNTY HWY. 225 RIDDICK, IL 32685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000396425
01/30/06-80008-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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, without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____