


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # N98000003639 1. Entity Name FOR PETE'S SAKE FOUNDATION, INC.	
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Principal Place of Business 4041 S.W. 47TH AVENUE FORT LAUDERDALE, FL 33317	Mailing Address 4041 S.W. 47TH AVENUE FORT LAUDERDALE, FL 33317
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0845406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DORNAU, PETER G 4041 SW 41ST AVE FORT LAUDERDALE, FL 33314

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	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 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 with all other like empowered.

SIGNATURE:

Peter Dornau

1/15/07

954-587-6280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #