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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701305 (5)

1. Corporation Name
THOMAS -DOROTHY- FOUNDATION, INC.



Principal Place of Business: 201 E KENNEDY BLVD STE 1609, TAMPA FL 33602
Mailing Address: 201 E KENNEDY BLVD STE 1609, TAMPA FL 33602-5829

3. Date Incorporated or Qualified: 08/11/1960
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business (21) Suite, Apt #, etc.
2a. Mailing Address (26) Suite, Apt #, etc.

4. FEI Number: 59-6059765
Applied For: Not Applicable

22. City & State

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

23. Zip Country

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
THOMAS, MICHAEL
201 E KENNEDY BLVD STE 1609
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for THOMAS, MICHAEL, THOMAS, ROBERT, THOMAS, STEPHEN, THOMAS, ROBERT M.

Table with 5 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for HUETTEMAN, SUSAN R.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 1/6/97 813-289-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MICHAEL THOMAS
Date: 1/6/97 Daytime Phone #: 0047045

CR2E037 (9/96)