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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
4. FEI Number: 59-6059765
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DC <input type="checkbox"/> DELETE
NAME	THOMAS, MICHAEL
STREET ADDRESS	201 E KENNEDY BLVD #1609
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, ROBERT
STREET ADDRESS	912 ANCHORAGE
CITY - ST - ZIP	TAMPA, FLORIDA 0
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, STEPHEN
STREET ADDRESS	16001 BOYETTE ROAD
CITY - ST - ZIP	RIVERVIEW FL
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, ROBERT M.
STREET ADDRESS	50 RANCH ROAD
CITY - ST - ZIP	THONOTSASSA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS HUETTEMAN, SUSAN R.
5.3 STREET ADDRESS	201 E. KENNEDY BLVD #1609
5.4 CITY - ST - ZIP	TAMPA FL 33602
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Michael Thomas* 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)