

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 705955 (3)

1. Corporation Name

P.L. DODGE FOUNDATION, INC.



Principal Place of Business

Mailing Address

1351 E. TENNESSEE ST.
TALLAHASSEE FL 32308

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TALLAHASSEE FL 32308

3. Date Incorporated or Qualified 07/25/1963
3a. Date of Last Report 05/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1032805	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'CONNELL JR, STEPHEN C.
1351 E. TENNESSEE ST.
TALLAHASSEE FL 32308

STEPHEN

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP JONES, LUTHER	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	535 LUENGA AVE	12 NAME	
STREET ADDRESS	CORAL GABLES FL	13 STREET ADDRESS	33146
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	DS PLINTON, JAMES O.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16905 S.W. 90TH AVE.	22 NAME	
STREET ADDRESS	MIAMI FL	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	DT O'CONNELL, STEPHEN C., J	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1351 E. TENNESSEE ST.	32 NAME	
STREET ADDRESS	TALLAHASSEE FL	33 STREET ADDRESS	32308
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	DV PETREY, RODERICK	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 S. BISCAYNE BLVD.	42 NAME	DVS
STREET ADDRESS	MIAMI FL	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	33131
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Luther Jones* - T. LUTHER JONES - 3-19-96 667-3862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)