## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 705955**

1. Corporation Name

P.L. DODGE FOUNDATION, INC.

Principal	Place	of	Business

Mailing Address

1351 E. TENNESSEE ST. TALLAHASSEE FL 32308 1351 E. TENNESSEE ST. TALLAHASSEE FL 32308

## FILED Apr 01, 1999 8:00 am Secretary of State

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2. Principal P	<del> </del>			3. Date incorporated or Qualifed 07/25/1963						
21	#	Suite, Apt. #, etc.				4. FEI Number		T A	pplied For	
Suite, Apt.	#, etc.	<b>├</b> ── ' ' ' '				59-1032805		-	ot Applicable	1
City & State	e	City & State		<u> </u>	5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
<b>23</b> Zip	Country	28	Count	ry		6. Election Campaign Financing		\$5.00	May Be	İ
24	25		0	•		Trust Fund Contribution				
<u> </u>	9. Name and Address of Current Registered Agent					10. Name and Address of New R	egistered A	gent		]
			8	1 Nar	ne					
OLCONNE	II ID OTEDNEN C			82 Street Address (P.O. Box Number is Not Acceptable)						1
	LL JR., STEPHEN C.		ľ							
	ENNESSEE ST.		8	3						1
IALLAHAS	SSEE FL 32308		L					T = 1 = 2		-
			8	4 City	•		FL	85   Zip	Code	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was aut	horized t	v une co	ed corpo orporation	ration submits this statement for the n's board of directors. I hereby accep	t trie appoint	hanging it ment as r	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R		jent signat	ure required	when reinstating)	DATE	-	550 N. 40	ļé
12.	OFFICERS AND	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OF	FICERS AND			1 5
TITLE	DP	☐ DELETE	1.1 TITLE	·				☐ Change	☐ Addition	5
NAME	Jones, Luther		1.2 NAM	Ē						5
STREET ADDRESS	535 LUENGA AVE		1.3 STRE	ET ADDRE	SS					וַנָּן
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY	ST-ZIP						į į
TITLE	DT	☐ DELETE	2.1 TITL	•	-			Change	Addition	١٠
NAME	O'CONNELL, STEPHEN C., J		2.2 NAM	E	ŀ					
STREET ADDRESS			2.3 STR	ET ADDRE	:SS					1
_CITY-ST-ZIP			. 2.4 CIT	-ST-ZIP_		<u> </u>				<del> </del> _
TITLE			3.1 TTT	•				Change	☐ Addition	1
NAME			3.2 NAM	E						1
STREET ADDRESS	2 S. BISCAYNE BLVD.		3.3 STR	ET ADDRE	≅SS		•	•		Į
CITY-ST-ZIP	MIAMI FL		3.4. CITY	-ST-ZIP					<del></del>	
TITLE		☐ DELETE	4.1 TTTL	•				Change	Addition	
NAME			4, 2 NA	IE,						
STREET ADDRESS			4.3 STR	ET ADDRE	ESS					1
CITY-ST-ZIP			4.4 CITY	-ST-ZIP						1
TITLE		☐ DELETE	5.1 TITL					Change	Addition	1
NAME			5.2 NAM	E					•	
STREET ADDRESS			5.3 STR	ET ADDRI	ESS					1
CITY-ST-ZIP			5.4 CITY	-ST-ZIP						1
TITLE		☐ DELETE	6.1 TITL	Ē			. ~	☐ Change	☐ Addition	
NAME			6.2 NAM	E						1
STREET ADDRESS	1		6.3 STR	ET ADDRI	ESS			:	<del></del> ,	
			64000	CT 710	]					1

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-667-3862