


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 705955
 1. Entity Name
 P.L. DODGE FOUNDATION, INC.



Principal Place of Business
 1351 E. TENNESSEE ST.
 TALLAHASSEE, FL 32308

Mailing Address
 1351 E. TENNESSEE ST.
 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1032805

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 O'CONNELL JR., STEPHEN C.
 1351 E. TENNESSEE ST.
 TALLAHASSEE, FL 32308

DO NOT WRITE 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: *[Signature]* DATE: *4/20/05*

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JONES, LUTHER
STREET ADDRESS	535 LUENGA AVE
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	DT
NAME	O'CONNELL, STEPHEN C., J
STREET ADDRESS	1351 E. TENNESSEE ST.
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	DVS
NAME	PETREY, RODERICK
STREET ADDRESS	2 S. BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000324574
 04/22/05-80100-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* Date: *4-20-05* Daytime Phone #: *850-878-8780*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR