

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90041 044 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724567**  
 1. Corporation Name  
**DRY PALMS FOUNDATION, INC.**

Principal Place of Business 1251 LAMAR ROAD N FT MYERS FL 33903	Mailing Address 1251 LAMAR ROAD N FT MYERS FL 33903
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/17/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7292092
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  WYMAN, ELIZABETH M 559 SIR WALTERS WAY N FT MYERS FL 33917	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	FL	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, NORMAN	1.2 NAME	
STREET ADDRESS	1290 W BROAD ST M-4	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DALE	2.2 NAME	
STREET ADDRESS	16500 SLATER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33903	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, EUGENE P	3.2 NAME	
STREET ADDRESS	2590 E 1ST ST STE 206	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, LAVONNE	4.2 NAME	
STREET ADDRESS	1502 TROPIC TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. FORT MYERS FL 33903	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRASHER, CHARLES	5.2 NAME	Moos, JoAnn
STREET ADDRESS	145 CAPT. JOHN SMITH RD.	5.3 STREET ADDRESS	9447 Palm Island Circle
CITY-ST-ZIP	N. FT. MYERS FL	5.4 CITY-ST-ZIP	North Ft. Myers, FL 33903
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYMAN, ELIZABETH M	6.2 NAME	
STREET ADDRESS	559 SIR WALTERS WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33917	6.4 CITY-ST-ZIP	

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: *Elizabeth M. Wyman* **ELIZABETH M. WYMAN** 4/9/99 (941) 543-2758  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0099552 CR2E037 (1/1/98)