

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90014 037 ****61.25

DOCUMENT # 724567

1. Entity Name

DRY PALMS FOUNDATION, INC.

Principal Place of Business

Mailing Address

1251 LAMAR ROAD
 N FT MYERS FL 33903

1251 LAMAR ROAD
 N FT MYERS FL 33903-3807

AU037114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7292092

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WYMAN, ELIZABETH M
559 SIR WALTERS WAY
N FT MYERS FL 33917

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DEAN, NORMAN	
STREET ADDRESS	1290 W BROAD ST M-4	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANDERSON, DALE	
STREET ADDRESS	16500 SLATER ROAD	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSMAN, EUGENE P	
STREET ADDRESS	2590 E 1ST ST STE 206	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARSHALL, LAVONNE	
STREET ADDRESS	1502 TROPIC TERRACE	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOOS, JOANN	
STREET ADDRESS	9447 PALM ISLAND CIRCLE	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WYMAN, ELIZABETH M	
STREET ADDRESS	559 SIR WALTERS WAY	
CITY-ST-ZIP	FT MYERS FL 33917	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, LaVonne	
STREET ADDRESS	3460 N. Key Drive 509E	
CITY-ST-ZIP	N. Ft. Myers, FL 33903	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louden, Rita	
STREET ADDRESS	2135 Virginia Avenue Unit 4	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Elizabeth M. Wyman* **ELIZABETH M. WYMAN** 4/4/00 941-543-2758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #