

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90090 011 ****61.25

DOCUMENT # N17583

1. Corporation Name

**THE LOWNDES, DROSDICK, DOSTER, KANTOR & REED FOU
NDATION, INC.**

Principal Place of Business

**%JOHN F. LOWNDES
215 NORTH EOLA DRIVE
ORLANDO FL 32801-2028**

Mailing Address

**%JOHN F. LOWNDES
215 NORTH EOLA DRIVE
ORLANDO FL 32801-2028**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/29/1986

4. FEI Number

59-1276118

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**LOWNDES, JOHN F.
215 NORTH EOLA DRIVE
ORLANDO FL 32802**

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-99

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP
LOWNDES, JOHN F.
1308 GREEN COVE ROAD
WINTER PARK FL 32789**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DAS
BURKET, DALE A.
1505 THE OAKS DRIVE
MAITLAND FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
DOSTER, WILLIAM E
394 HENKEL CIRCLE
WINTER PARK FL 32789**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DAS
BALLETTA, JAMES
2913 LAKE PINELoch BLVD
ORLANDO FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DAS
FIDES, RICHARD J.
2514 GATLIN AVENUE
ORLANDO FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DAS
HIGGINS, ROBERT F.
1505 BONNIE BURN CIRCLE
WINTER PARK FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

January 22, 1999

407-843-4600

Date

Daytime Phone #

CR2E037 (11/98)