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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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
 Trust Fund Contribution

\$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

[Handwritten Signature]

2-15-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP DELETE
 NAME LOWNDES, JOHN F.
 STREET ADDRESS 1308 GREEN COVE ROAD
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE DAS DELETE
 NAME BURKET, DALE A.
 STREET ADDRESS 1505 THE OAKS DRIVE
 CITY-ST-ZIP MAITLAND FL

TITLE VD DELETE
 NAME DOSTER, WILLIAM E
 STREET ADDRESS 394 HENKEL CIRCLE
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE DAS DELETE
 NAME BALLETTA, JAMES
 STREET ADDRESS 2913 LAKE PINELOCH BLVD
 CITY-ST-ZIP ORLANDO FL

TITLE DAS DELETE
 NAME FILDES, RICHARD J.
 STREET ADDRESS 2514 GATLIN AVENUE
 CITY-ST-ZIP ORLANDO FL

TITLE DAS DELETE
 NAME HIGGINS, ROBERT F.
 STREET ADDRESS 1505 BONNIE BURN CIRCLE
 CITY-ST-ZIP WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JOHN F. LOWNDES, PRESIDENT

January 29, 1999 407-843-4600

Date

Daytime Phone #

CR2E037 (1/1/98)