


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90044 031 ****61.25

DOCUMENT # N17583

1. Entity Name
THE LOWNDES, DROSDICK, DOSTER, KANTOR & REED FOUNDATION, 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

34009920



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02032004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
LOWNDES, JOHN F.
215 NORTH EOLA DRIVE
ORLANDO, FL 32802

4. FEI Number
59-1276118

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POPE, NICHOLAS 215 NORTH EOLA DRIVE ORLANDO, FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BURKET, DALE A. 1505 THE OAKS DRIVE MAITLAND, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOSTER, WILLIAM E 394 HENKEL CIRCLE WINTER PARK, FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BEAL, MATT E 1160 PALADIN COURT ORLANDO, FL 32812 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS FILDES, RICHARD J. 2514 GATLIN AVENUE ORLANDO, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS HIGGINS, ROBERT F. 1505 BONNIE BURN CIRCLE WINTER PARK, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nicholas A. Pope, Pres. 2/16/04 407-843-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #