## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

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

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## **DOCUMENT # N17583**

THE LOWNDES, DROSDICK, DOSTER, KANTOR & REED FOUNDATION, INC.



Principal Place of Business %JOHN F. LOWNDES

Mailing Address %IOHN F LOWNDES

	EOLA DRIVE L 32801-20			215 NORTH EOLA DRIVE ORLANDO, FL 32801-2028				 	It <b>blan a</b> n <b>a</b> t a	818#1 #18#1 #1#11 <b>#</b> 1	Rfijur er ival	
2. Principal Place of Business		<b>3.</b> Mai	3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				Chg-NP	CR2E	037 (10/03)	4	
City & State		Cit	City & State			4. FEI Numbe 59-127				pplied For		
Zip Country Zi						5. Certificate	of Status Desired		\$8.75 Ad Fee Require	ditional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
LOWNDES, JOHN F. 215 NORTH EOLA DRIVE ORLANDO, FL 32802						Name Street Address	s (P.O. Box Numbe	er is Not Acceptable	9)	-		
				City		•	<del></del>		F	Zip Cod		
	e named entity tions of regist	v submits this statement ered agent.	for the purp	ose of changing its i	registered (	office or regist	tered agent, or bot	h, in the State of Fk	orida. I an	n familiar with	and accept	
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title if app	licable. (NOTE:	: Registered Ag	ent signature requi	ired when reinstating)	<u></u>	DATE		<del></del> .	
√′	Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May B	Make check payable to Florida Department of State					
							Added to rees	,	ida Deba	irunent of 5	····	
10.		OFFICERS AND D	DIRECTORS		11.			· ·	• . •	_		
TITLE	DP	<u>_</u>	DIRECTORS	☐ Delete	11.			ANGES TO OFFICE	• . •	IRECTORS IN	l 10	
TITLE NAME	POPE, NIC	CHOLAS	DIRECTORS	☐ Delete				· ·	• . •	_		
TITLE	POPE, NK 215 NOR	<u>_</u>	DIRECTORS	☐ Delete	TITLE			· ·	• . •	IRECTORS IN	l 10	
TITLE NAME STREET ADDRESS	POPE, NK 215 NOR' ORLANDO DAS	CHOLAS TH EOLA DRIVE ), FL 32801	DIRECTORS	☐ Delete	TITLE NAME STREET AL			· ·	• . •	IRECTORS IN	1 10Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	POPE, NK 215 NOR' ORLANDO DAS BURKET,	CHOLAS TH EOLA DRIVE D, FL 32801 DALE A.	DIRECTORS		TITLE NAME STREET AL CITY-ST-	ZIP		· ·	• . •	IRECTORS IN	l 10	
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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: