FILE NOW: FILING FEE IS $61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004833 (9)

1. Corporation Name
OLD DILLARD FOUNDATION, INC.

Principal Place of Business	Mailing Address
11257 N.W. 10TH PLACE CORAL SPRINGS FL 33071 US	11257 N.W. 10TH PLACE CORAL SPRINGS FL 33071 US

3. Date Incorporated or Qualified: 09/29/1994

4. FEI Number: 65-0543947 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1009 N. W. 4th Street	26 1009 N.W. 4th Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Fort Lauderdale, Florida	28 City & State: Fort Lauderdale, Florida
24 Zip: 33311 25 Country: USA	29 Zip: 33311 30 Country: USA

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BACON, MARYANN 11257 N.W. 10TH PLACE CORAL SPRINGS FL 33071	81 Name: Dr. Carl Crawford 82 Street Address (P.O. Box Number is Not Acceptable): 2737 N. W. 24th Avenue 83 84 City: Oakland Park FL 85 Zip Code: 33311

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: Carl M. Crawford Dr. Carl Crawford, Vice President 6/9/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BACON, MARYANN 11257 N.W. 10TH PLACE COARL SPRINGS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GALLON, LINDA 3830 N.W. 23 ST. FT. LAUDERDALE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DESROSIERS, MARIE-CAROL 3321 FARRAGUT ST., #E HOLLYWOOD FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MILER, JOSEPH R 12430 BAYLOIND CT. BOCA RATON FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DT Jacqui Hammond 5881 N.W. 57th Avenue, #5 Tamarac, FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: Jacqui Hammond Jacqui Hammond 6/9/98 (954)527-6895