2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State
07-25-2007 90045 048 ****70.00

DOCUMENT # N94000004833

1. Entity Name
OLD DILLARD FOUNDATION, INC.

Principal Place of Business	Mailing Address
1009 NW 4TH ST FT LAUDERDALE, FL 33311 US	1009 NW 4TH ST FT LAUDERDALE, FL 33311 US

07022007 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

HYATT, NOEL
465 SW 5 AVENUE
FORT LAUDERDALE, FL 33316

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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 September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HYATT, NOEL
STREET ADDRESS	465 SW 5 AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	VD
NAME	DASSLER, BRIAN
STREET ADDRESS	112 ROYAL PARK DRIVE 1C
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309 (Delete)
TITLE	SD
NAME	CARHART, LESLIE
STREET ADDRESS	634 NE 3RD AVE 2ND FLOOR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	TD
NAME	WEST, PATRICIA
STREET ADDRESS	4510 NW 25TH ST
CITY-ST-ZIP	LAUDERHILL, FL 333133513
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patricia K Hewett 7/3/2007 954.357.8026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #