

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17583

FILED
Feb 16, 2015
Secretary of State
CC2435430892

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

Current Principal Place of Business:

%JOHN F. LOWNDES
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

Current Mailing Address:

%JOHN F. LOWNDES
215 NORTH EOLA DRIVE
ORLANDO, FL 32801-2028 US

FEI Number: 59-2749322

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWNDES, JOHN F
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name DYMOND, WILLIAM T JR
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name POPE, NICHOLAS A
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DS
Name MANOR, TIMOTHY J
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DTAS
Name YERGLER, JON C
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DAS
Name LOWNDES, JOHN F
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DAS
Name DOSTER, WILLIAM E
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DAS
Name BECKETT, WILLIAM A
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DAS
Name BOZZUTO, JACQUELINE
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM T. DYMOND, JR.

PRESIDENT

02/16/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DAS
Name BRENNER, MATTHEW G
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DAS
Name CAVANAUGH, CASEY M
Address POST OFFICE BOX 2809
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Title DAS
Name DOBREV, ALEXANDER
Address POST OFFICE 2809
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Title DAS
Name FITZGERALD, MIRANDA F
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Name FREY, JULIA L
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Name GIBBS, JON M
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Name GOROVITZ, AARON J
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Name JOHNSON, JASON W
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Name KANTOR, HAL H
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Title DAS
Name BURKET, DALE A
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Name DELLINGER, RICHARD S
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Title DAS
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Title DAS
Name LOPEZ, PETER L
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Title DAS
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Name RUFFIER, JOHN
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Name SPOONHOUR, JAMES M
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Name RIMES, JASON S
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