

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000911

Entity Name: MARY E. DOONER FOUNDATION, INC.**Current Principal Place of Business:**1010 FIFTH AVENUE SOUTH
STE. 300
NAPLES, FL 34102**Current Mailing Address:**P. O. BOX 7369
NAPLES, FL 34101 US**FEI Number:** 65-0390318**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLY, CHARLES MJR.
C/O KELLY PASSIDOMO & ALBA, LLP
2390 TAMiami TRAIL NORTH, SUITE 204
NAPLES, FL 34103 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	DT
Name	DOONER, JOAN E
Address	P O BOX 388
City-State-Zip:	DEPOE BAY OR 97341

Title	DT
Name	LEE, NANCY D
Address	302 RIDGE DR
City-State-Zip:	NAPLES FL 34108

Title	CHDT
Name	DOONER, BECKY L
Address	5386 SYCAMORE DR
City-State-Zip:	NAPLES FL 34116

Title	DT
Name	LEE, DERILL E
Address	610 19TH AVE SW
City-State-Zip:	NAPLES FL 34119

Title	DT
Name	DOONER, ANTON L
Address	166 E CARAT FARM LANE
City-State-Zip:	NEWLAND NC 28657

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: JOAN E DOONER**DIRECTOR****01/15/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date