2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FIGHT OF THE SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 22, 2005 08:00 AM Secretary of State

4-20-05 850-878-8780 Date Dayline Phone *

ANNUAL REPURI					Apr 22, 2005 00.00			
DOCUMENT # 1. Entity Name P.L. DODGE FOUN	DATION, INC.				Se	cretary	of State	
Principal Place of Business 1351 E. TENNESSEE ST. TALLAHASSEE, FL 32308		Mailing Address 1351 E. TENNESSEE ST. TALLAHASSEE, FL 32308		(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L BINIK UKDIK UKNIL BINKI	OLENY DIDENDET DI EDDE	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				02072005 No Chg-NP CR2E037 (10/03) 4. FEI Number Applied For S9-1032805 5. Certificate of Status Desired S8.75 Additional Fee Required				
O'CONNELL JR., STE 1351 E. TENNESSEE TALLAHASSEE, FL 3	PHEN C. ST. 2308			IN T	NOT W HIS SP	PACE	-	
8. The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent. SIGNATURE Strature, typed or printed name of registered agent and title of applicable. (NOTE Registered Agent signature required to the content of the con					4/20/05			
Filing Fee Due by Ma		Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees				
STREET ADDRESS 1351 E. TEI	A AVE BLES, FL ., STEPHEN C., J INESSEE ST.	ECTORS			04/22/05-	0324574 80100-003	8 61.25	
ITILE DVS NAME PETREY, R STREET ADDRESS 2 S. BISCA' MIAMI, FL TITLE NAME STREET ADDRESS	PETREY, RODERICK 2 S. BISCAYNE BLVD.			DO NOT WRITE IN THIS SPACE				
CITY-ST-ZIP TITLE NAME SYREET ADDRESS CITY-ST-ZIP				··	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the indicated on this report	ntormation supplied with this or supplemental report is true	s filling does not qualify for the exe e and accurate and that my signa red to execute this report as requi all other like empowered.	emption stated in Se ture shall have the	ction 119.07(3)(I) came legal effect), Florida Statutes. I as if made under c	I further certify that path; that I am an	at the information	
of the corporation or the changed, or on an attack	receiver or trustee empower ment with an address, with	red to execute this report as requi all other like empowered.	ired by Chapter 617	, Florida Statutes	s; and that my name	e appears in Bloc	k 10 or Block 11 if	