


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # 705955 1. Entity Name P.L. DODGE FOUNDATION, INC. |  |
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|---|---|
| Principal Place of Business 1351 E. TENNESSEE ST. TALLAHASSEE, FL 32308 | Mailing Address 1351 E. TENNESSEE ST. TALLAHASSEE, FL 32308 |
|---|---|

DO NOT WRITE IN THIS SPACE



02122007 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 59-1032805 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

O'CONNELL JR., STEPHEN C.
1351 E. TENNESSEE ST.
TALLAHASSEE, FL 32308

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP JONES, LUTHER 535 LUENGA AVE CORAL GABLES, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT O'CONNELL, STEPHEN C., J 1351 E. TENNESSEE ST. TALLAHASSEE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS PETREY, RODERICK 2 S. BISCAYNE BLVD. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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05/25/07-80005-026 61.25

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IN THIS SPACE**

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **850 878-8780**

Date _____ Daytime Phone # _____