


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90030 019 \*\*\*\*61.25

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # 706015</b><br>1. Entity Name<br><b>THE ALFRED I. DUPONT FOUNDATION, INC.</b>  |   |  |  |                           |  |
| Principal Place of Business<br><b>4600 TOUCHTON ROAD EAST<br/>BUILDING 200 SUITE 120<br/>JACKSONVILLE, FL 32246 US</b>  |   |  |  | Mailing Address<br><b>4600 TOUCHTON ROAD EAST<br/>BUILDING 200 SUITE 120<br/>JACKSONVILLE, FL 32246 US</b> |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |  |  |
| City & State  |   | City & State   |  |  |  |
| Zip   | Country   | Zip  | Country  |  |  |
| 4. FEI Number<br><b>59-1297267</b>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent  |  |  |
| <b>ROSEMARY C WILLIS<br/>4600 TOUCHTON ROAD EAST<br/>BUILDING 200 SUITE 120<br/>JACKSONVILLE, FL 32246</b>  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |   |  |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>CARLSON, W.W.<br>25 WOOD HAVEN DRIVE<br>PALM COAST, FL 32164 <input type="checkbox"/> Delete        |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>NEDLEY, RE<br>PO BOX 905<br>PORT ST JOE, FL 32457 <input type="checkbox"/> Delete                   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BRADEN K BALL, JR ESQ<br>P O BOX 1831 N/A<br>PENSACOLA, FL <input type="checkbox"/> Delete           |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WILLIS, ROSEMARY C<br>425 HAWAIIAN TERRACE<br>JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>LAND, LILLIE S<br>907 GARRISON AVENUE<br>PORT ST JOE, FL 0, <input type="checkbox"/> Delete         |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BROWNIE, E.C.<br>13077 CHETS CREEK DR S<br>JACKSONVILLE, FL <input type="checkbox"/> Delete          |  |  |  |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |  |  |  |
| D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |  |  |  |  |
| S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |  |  |  |  |
| D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |  |  |
| VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |   |  |  |  |  |
| <b>SIGNATURE:</b> <i>Rosemary C Willis</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |  | 1/17/05 (904) 232-4123<br><small>Date Daytime Phone #</small>  |  |