

# FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1996</b> |  FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|--|

**DOCUMENT # F93000001790 (5)**

1. Corporation Name

**DODSON FAMILY FOUNDATION, INC.**



|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| C/O MRS. ELIZABETH K. DODSON<br>7383 ORANGEWOOD LANE, UNIT 303<br>BOCA RATON FL 33433 | C/O MRS. ELIZABETH K. DODSON<br>7383 ORANGEWOOD LANE, UNIT 303<br>BOCA RATON FL 33433 |

|                                |                     |                     |                     |   |  |  |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>04/13/1993</b>  |  | 3a. Date of Last Report<br><b>03/15/1995</b>           |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>51-0342321</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required                  |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees                     |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| <b>DODSON, ELIZABETH K.</b><br><b>7383 ORANGEWOOD LANE</b><br><b>UNIT 303</b><br><b>BOCA RATON FL 33433</b> |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Elizabeth K. Dodson, President DATE 3/15/96

|                            |                              |                                 |  |   |  |  |  |
|----------------------------|------------------------------|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS |                              |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
| TITLE                      | PCD                          | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | DODSON, ELIZABETH K          |                                 |  | 1.2 NAME  | <b>YR Theodore Vincent</b>   |  |  |
| STREET ADDRESS             | 7383 ORANGEWOOD LANE         |                                 |  | 1.3 STREET ADDRESS                                    | <b>3338 Manchester Avenue</b>  |  |  |
| CITY-ST-ZIP                | BOCA RATON FL 33433          |                                 |  | 1.4 CITY-ST-ZIP                                       | <b>ENCINITAS, CA 92024</b>   |  |  |
| TITLE                      | VD                           | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | KARA, MICHAEL J              |                                 |  | 2.2 NAME  |  |  |  |
| STREET ADDRESS             | 7383 ORANGEWOOD LANE         |                                 |  | 2.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | BOCA RATON FL 33433          |                                 |  | 2.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      | VD                           | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | VINCENT, ISABELLE (Isabelle) |                                 |  | 3.2 NAME  |  |  |  |
| STREET ADDRESS             | 172109 FOOT HILL DRIVE       |                                 |  | 3.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | SUN CITY AZ 85373            |                                 |  | 3.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      | VSD                          | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | WEISS, HOWARD I              |                                 |  | 4.2 NAME  |  |  |  |
| STREET ADDRESS             | 7155 MANDARIN DRIVE          |                                 |  | 4.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                | BOCA RATON FL 33433          |                                 |  | 4.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                              | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                              |                                 |  | 5.2 NAME  |  |  |  |
| STREET ADDRESS             |                              |                                 |  | 5.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                              |                                 |  | 5.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                              | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                              |                                 |  | 6.2 NAME  |  |  |  |
| STREET ADDRESS             |                              |                                 |  | 6.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                              |                                 |  | 6.4 CITY-ST-ZIP                                       |  |  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth K. Dodson DATE 3/15/96 (407) 483-6376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth K. Dodson

CR2E037 (12/95)