

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State 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  
7383 ORANGEWOOD LANE, UNIT 303  
BOCA RATON FL 33433

C/O MRS. ELIZABETH K. DODSON  
7383 ORANGEWOOD LANE, UNIT 303  
BOCA RATON FL 33433

3. Date Incorporated or Qualified

**04/13/1993**

4. FEI Number

**51-0342321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**DODSON, ELIZABETH K.  
7383 ORANGEWOOD LANE  
UNIT 303  
BOCA RATON FL 33433**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PCD  
DODSON, ELIZABETH K**  
STREET ADDRESS **7383 ORANGEWOOD LANE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE

NAME **VD  
KARA, MICHAEL J**  
STREET ADDRESS **7383 ORANGEWOOD LANE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE

NAME **VD  
VINCENT, ISABELLE**  
STREET ADDRESS **172109 FOOT HILL DRIVE**  
CITY-ST-ZIP **SUN CITY AZ**

TITLE ☒ DELETE

NAME **VSD  
WEISS, HOWARD I**  
STREET ADDRESS **7155 MANDARIN DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE

NAME **VD  
VINCENT, THEODORE**  
STREET ADDRESS **8888 MANCHESTER AVE**  
CITY-ST-ZIP **ENCINITAS CA**

TITLE ☒ DELETE

NAME **Thomas G. Pye Attorney**  
STREET ADDRESS **2787 East Oakland Park Blvd**  
CITY-ST-ZIP **Suite 301  
Fort Lauderdale, FL 33306**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **William R. McQuerry, CPA** ☐ Change ☒ Addition

1.2 NAME **21301 Powerline Road Suite 204**

1.3 STREET ADDRESS **Boca Raton, FL 33433**

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/98 (561) 483-6376**

DATE

Daytime Phone #

CR2E037 (10/97)