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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001790

1. Corporation Name

DODSON FAMILY FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

TITLE CPA ☐ DELETE
NAME MCCURRY, WILLIAM P
STREET ADDRESS 21301 POWERLINE RD STE 204
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VD ☐ DELETE
NAME VINCENT, THEODORE
STREET ADDRESS 3838 MANCHESTER AVE
CITY-ST-ZIP ENCINITAS CA

TITLE A ☐ DELETE
NAME PYE, THOMAS G
STREET ADDRESS 2787 E OAKLAND PARK BLVD STE 301
CITY-ST-ZIP FT LAUDERDALE FL 33306

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
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 ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: Elizabeth K. Dodson 1/21/99 561
SIGNATURE REQUIRED
Date Daytime Phone #

CR2E037 (1/98)