

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

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90191 045 \*\*\*\*61.25

**DOCUMENT # N00000008119**

**1. Entity Name**  
**THE ROY M. AND CAROL B. DOWDY CHARITABLE  
FOUNDATION, INC.**



**Principal Place of Business**  
**634 FAIRFIELD CT**  
**ORANGE PARK, FL 32073**

**Mailing Address**  
**634 FAIRFIELD COURT (OPCC)**  
**ORANGE PARK, FL 32073**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3682578**

Applied For
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DOWDY, ROY M**  
**634 FAIRFIELD CT (OPCC)**  
**ORANGE PARK, FL 32073**

**DO NOT WRITE  
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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>BARBOUR, JOHN R</b>
<b>STREET ADDRESS</b>	<b>PO BOX 755</b>
<b>CITY-ST-ZIP</b>	<b>COTTONDALE, AL 35453</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>DOWDY, ANGELA L</b>
<b>STREET ADDRESS</b>	<b>517 SHARONDALE RD.</b>
<b>CITY-ST-ZIP</b>	<b>EAST RIDGE, TN 32412</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>DOWDY, CAROL B</b>
<b>STREET ADDRESS</b>	<b>828 FAIRFIELD COURT (OPCC)</b>
<b>CITY-ST-ZIP</b>	<b>ORANGE PARK, FL 32073</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>DOWDY, ROY M</b>
<b>STREET ADDRESS</b>	<b>628 FAIRFIELD COURT (OPCC)</b>
<b>CITY-ST-ZIP</b>	<b>ORANGE PARK, FL 32073</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>HALL, WILLIAM A</b>
<b>STREET ADDRESS</b>	<b>2308 EGREMONT DR.</b>
<b>CITY-ST-ZIP</b>	<b>ORANGE PARK, FL 32073</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>HORNBUCKLE, MARK L</b>
<b>STREET ADDRESS</b>	<b>517 SHARONDALE RD.</b>
<b>CITY-ST-ZIP</b>	<b>EAST RIDGE, TN 32412</b>

**DO NOT WRITE  
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

Date

Daytime Phone #

*[Signature]* **Pres.** **1-4-07** **904-276-2615**