

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90036 049 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3682578 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DOWDY, ROY M 634 FAIRFIELD CT (OPCC) ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name <u><i>Roy M. Dowdy + Carol</i></u> Street Address (P.O. Box Number is Not Acceptable) <u><i>634 Fairfield Ct.</i></u> City <u><i>FL</i></u> Zip Code <u><i></i></u>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> <u><i>Please note changes below</i></u> <u><i>Tres.</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%;"> <u><i>1/7/08</i></u> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOUR, JOHN R <input type="checkbox"/> Delete PO BOX 755 COTTONDALE, AL 35453		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, ANGELA L <input type="checkbox"/> Delete 517 SHARONDALE RD. EAST RIDGE, TN 32412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u><i>130 Uher Path</i></u> <u><i>Navanna FL 32333</i></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, CAROL B <input type="checkbox"/> Delete 628 FAIRFIELD COURT (OPCC) ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u><i>634 Fairfield Ct OPCC</i></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, ROY M <input type="checkbox"/> Delete 628 FAIRFIELD COURT (OPCC) ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u><i>634 Fairfield Ct OPCC</i></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNBuckle, MARK L <input type="checkbox"/> Delete 517 SHARONDALE RD. EAST RIDGE, TN 32412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u><i>2509 Johnston St</i></u> <u><i>APT 1-5</i></u> <u><i>70503</i></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lay Fayette LA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> <u><i>1/7/08</i></u> <u><i>904-276-2615</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					