2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N00104

Entity Name: THE ELIZABETH ORDWAY DUNN FOUNDATION, INC.

Current Principal Place of Business:

2199 PONCE DE LEON BLVD
STE 301
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 016309
MIAMI, FL 33101 US

New Mailing Address:

FEI Number: 59-2393843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUIS STINSON JR PA
2199 PONCE DE LEON BLVD
SUITE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JENSEN, ROBERT W.,
Address: 2199 PONCE DE LEON BLVD, STE 301
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD ( ) Delete
Name: TITCOMB, E. RODMAN,, JR.
Address: PO BOX 3267
City-St-Zip: PALM BEACH, FL 33480

Title: DS ( ) Delete
Name: LUMMUS, DONNA M
Address: 2199 PONCE DE LEON BLVD, STE 301
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JENSEN, ROBERT W
Address: 2199 PONCE DE LEON BLVD, STE 301
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD (X) Change ( ) Addition
Name: TITCOMB, RODMAN E JR.
Address: PO BOX 3267
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. JENSEN P 03/03/2009

Electronic Signature of Signing Officer or Director — Date