


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # N05000003726 1. Entity Name DR. DEWEY M. STOWERS FOUNDATION, INC.	
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Principal Place of Business 3055 OAK CREEK DR. CLEARWATER, FL 33761	Mailing Address 3055 OAK CREEK DR. CLEARWATER, FL 33761
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2736683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TABB, NEVA D.
3055 OAK CREEK DR.
CLEARWATER, FL 33761**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ANTHONY 3912 W. DALE AVE. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAXTON, CHARLES 8206 MAYS AVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TABB, NEVA D 3055 OAK CREEK DR. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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01/09/08-80034-011 61.25

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: NEVA DUNCAN TABB 01/07/08 727-785-2654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
NEVA DUNCAN TABB