

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003797

FILED
Feb 19, 2009
Secretary of State

Entity Name: THE PETER E. DAWSON FOUNDATION, INC.

Current Principal Place of Business:

111 SECOND AVENUE NE, SUITE 1109
ST. PETERSBURG, FL 337013443

New Principal Place of Business:

111 SECOND AVENUE NE,
SUITE 900
ST. PETERSBURG, FL 337013443

Current Mailing Address:

111 SECOND AVENUE NE, SUITE 1109
ST. PETERSBURG, FL 337013443

New Mailing Address:

111 SECOND AVENUE NE, SUITE 900
ST. PETERSBURG, FL 337013443

FEI Number: 26-2430698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WIKERSON, DEWITT
111 SECOND AVENUE NE, SUITE 1109
ST. PETERSBURG, FL 337013443 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: D () Delete
Name: DAWSON, PETER E DDS
Address: 111 SECOND AVENUE NE, SUITE 1109
City-St-Zip: ST. PETERSBURG, FL 337013443

Title: D () Delete
Name: FRASIER, ROBERT L DDS
Address: 111 SECOND AVENUE NE, SUITE 1109
City-St-Zip: ST. PETERSBURG, FL 337013443

Title: D () Delete
Name: WILKERSON, DEWITT DMD
Address: 111 SECOND AVENUE NE, SUITE 1109
City-St-Zip: ST. PETERSBURG, FL 337013443

Title: D () Delete
Name: FORREST, JOAN
Address: 111 SECOND AVENUE NE, SUITE 1109
City-St-Zip: ST. PETERSBURG, FL 337013443

Title: D () Delete
Name: DAWSON, MARK
Address: 111 SECOND AVENUE NE, SUITE 1109
City-St-Zip: ST. PETERSBURG, FL 337013443

Title: D () Delete
Name: REESE, DOUGLAS E MBA
Address: 111 SECOND AVENUE NE, SUITE 1109
City-St-Zip: ST. PETERSBURG, FL 337013443

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CHERYL G HUSTON

D

02/19/2009

Electronic Signature of Signing Officer or Director

Date