2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003797

FILED Apr 29, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

111 SECOND AVENUE NE, 213 GAINES AVE SUITE 900 SARASOTA, FL 34243

ST. PETERSBURG, FL 337013443

Current Mailing Address: New Mailing Address:

111 SECOND AVENUE NE, SUITE 900 213 GAINES AVE ST. PETERSBURG, FL 337013443 SARASOTA, FL 34243

FEI Number: 26-2430698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WIKERSON, DEWITT
111 SECOND AVENUE NE, SUITE 1109
ST. PETERSBURG, FL 337013443 US
WILKERSON, DEWITT
111 SECOND AVENUE NE, SUITE 1109
ST. PETERSBURG, FL 337013443 US

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: DEWITT WILKERSON 04/29/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: DAWSON, PETER E DDS

Address: 111 SECOND AVENUE NE, SUITE 1109 City-St-Zip: ST. PETERSBURG, FL 337013443

Title: D

Name: FRASIER, ROBERT L DDS

Address: 111 SECOND AVENUE NE, SUITE 1109 City-St-Zip: ST. PETERSBURG, FL 337013443

Title:

Name: WILKERSON, DEWITT DMD

Address: 111 SECOND AVENUE NE, SUITE 1109 City-St-Zip: ST. PETERSBURG, FL 337013443

Title: D

Name: FORREST, JOAN

Address: 111 SECOND AVENUE NE, SUITE 1109
City-St-Zip: ST. PETERSBURG, FL 337013443

Title:

Name: DAWSON, MARK

Address: 111 SECOND AVENUE NE, SUITE 1109 City-St-Zip: ST. PETERSBURG, FL 337013443

Title: D

Name: REESE, DOUGLAS E MBA

Address: 111 SECOND AVENUE NE, SUITE 1109 City-St-Zip: ST. PETERSBURG, FL 337013443

I hereby 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 all other like empowered.

SIGNATURE: CHERYL G HUSTON DIR 04/29/2010