## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000003797

FILED Apr 02, 2011 Secretary of State

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

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

213 GAINES AVE 5277 N. TAMIAMI TRAIL SARASOTA, FL 34243 SARASOTA, FL 34234

Current Mailing Address: New Mailing Address:

213 GAINES AVE SARASOTA, FL 34243

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

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

WILKERSON, DEWITT
111 SECOND AVENUE NE, SUITE 1109
ST. PETERSBURG, FL 337013443 US
WILKERSON, DEWITT
111 SECOND AVENUE NE, SUITE 1101
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 04/02/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: D

Name: DAWSON, PETER E DDS

Address: 111 SECOND AVENUE NE, SUITE 1101 City-St-Zip: ST. PETERSBURG, FL 337013443

Title: D

Name: FRASIER, ROBERT L DDS

Address: 111 SECOND AVENUE NE, SUITE 1101 City-St-Zip: ST. PETERSBURG, FL 337013443

Title:

 Name:
 WILKERSON, DEWITT DMD

 Address:
 111 SECOND AVENUE NE, SUITE 1101

 City-St-Zip:
 ST. PETERSBURG, FL 337013443

Title: [

Name: FORREST, JOAN

Address: 111 SECOND AVENUE NE, SUITE 1101 City-St-Zip: ST. PETERSBURG, FL 337013443

Title:

Name: DAWSON, MARK

Address: 111 SECOND AVENUE NE, SUITE 1101 City-St-Zip: ST. PETERSBURG, FL 337013443

Title: D

Name: REESE, DOUGLAS E MBA

Address: 111 SECOND AVENUE NE, SUITE 1101 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 ED 04/02/2011