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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46187 (3)

1. Corporation Name

THE DAWSON FOUNDATION, INC.



Principal Place of Business

5800 SW 61ST DR
PALM CITY FL 34990

Mailing Address

P O BOX 144
PALM CITY FL 34991-0144
US

3. Date Incorporated or Qualified
11/25/1991

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3118384

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAWSON, CLYDE W.
5800 SOUTHWEST 61ST DRIVE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME DAWSON, CLYDE W.
STREET ADDRESS 5800 SW 61ST DRIVE
CITY-ST-ZIP PALM CITY FL 34990

TITLE DSV
NAME DAWSON, NANCY L.
STREET ADDRESS 5800 SW 61ST DRIVE
CITY-ST-ZIP PALM CITY FL 34990

TITLE D
NAME CHRISTIAN, CATHERINE E DALE
STREET ADDRESS ~~170 HUMPHRIES RD~~
CITY-ST-ZIP ~~CADIZ KY 42211~~

TITLE D
NAME HASNER, DORINDA DAWSON
STREET ADDRESS 7284 VIA PALOMAR
CITY-ST-ZIP BOCA RATON FL 33458

TITLE D
NAME CANTRELL, DONNA DAWSON
STREET ADDRESS ~~4210 RUSSELL STREET~~
CITY-ST-ZIP ~~TEQUESTA FL 33458~~

TITLE DT
NAME GILBERT, DENISE DAWSON
STREET ADDRESS 241 31ST STREET
CITY-ST-ZIP WPB FL 33407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 290 RUE LE MANS
3.4 CITY-ST-ZIP CLARKSVILLE, TN 37042

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 19103 S.E. JUPITER RIVER DR.
5.4 CITY-ST-ZIP JUPITER, FL 33458

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Handwritten Signature* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

561-283-5922

Daytime Phone # 6071784

CR2E037 (9/96)