FILED **FILE NOW: FILING FEE IS \$61.25** May 22 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE \*CORPORATION Sandra B. Mertham , Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N46187 (3) THE DAWSON FOUNDATION, INC. Principal Place of Business Mailing Address 5800 SW 61ST DR P O BOX 144 3. Date Incorporated or Qualified PALM CITY FL 34990 PALM CITY FL 34991 11/25/1991 4. FEI Number Applied For 59-3118384 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 23 **X** No 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** DAWSON, CLYDE W. 82 Street Address (P.O. Box Number is Not Acceptable) 5800 SOUTHWEST 61ST DRIVE 83 PALM CITY FL 34990 84 City 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change DAWSON, CLYDE W. NAME 1.2 NAME 5800 SW 61ST DRIVE 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 1,4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITL€ DAWSON, NANCY L. NAME 2.2 NAME 5800 SW 61ST DRIVE 2.3 STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 2 4 CiTY-ST-7IP STUPP, CATHERINE E. DAL Change DELETE 3.1 TITLE TITLE NAME CHRISTIAN, CATHERINE E DALE **3.2 NAME** 290 RUE LE MANS DR. 290 RUE LE MANS STREET ADDRESS 3.3 STREET ADDRESS CLARKSVILLE, TN 37042 CLARKSVILLE TN CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE DAWSON, DORINDA S. Change TITLE HASNER, DORINDA DAWSON 4 2 NAME NAME 7284 VIA PALOMAR 4.3 STREET ADDRESS STREET ADDRESS BOCA RATON **BOCA RATON FL 33458** 33486 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE CANTRELL, DONNA DAWSON 5.2 NAME NAME STREET ADDRESS 19103 SE JUPITER RIVER DR 5.3 STREET ADDRESS 199**8** page 2 JUPITER FL 5.4 CITY - ST - ZIP CITY-ST-ZIP AND DIRECTORS DELETE 6.1 TITLE TITLE **GILBERT, DENISE DAWSON** 6.2 NAME NAME

**6.3 STREET ADDRESS** 

CIGNATUDE:

STREET ADDRESS

CITY-ST-ZIP

241 31ST STREET

WPB FL 33407

Block 12 or Block 13 if changed, or on an attachment with an address.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall officer or director of the corporation or the receiver or trustee empowered to execute this report as required by

141. 287. 59.22

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RAH DAWSON

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