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DIVISION OF CORPORATIONS

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N48427** (1)

1. Corporation Name

DOLIVEIRA FOUNDATION, INC.

Principal Place of Business	Mailing Address
1303 S. HERULES AVE # 32 CLEARWATER FL 34624 US	1303 S. HERULES AVE # 32 CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1992
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3118271 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DOLIVEIRA, DR LOUISE R
1770 N BETTY LANE #309
#11
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name: DR Louise R. DOLiveiRA
82 Street Address (P.O. Box Number is Not Acceptable): 1303 S. Herculas Ave. #32
83
84 City: Clearwater **FL** 85 Zip Code: 34624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	DOLIVEIRA, DR. LOUISE R	1.2 NAME	DR Louise R. DOLiveiRA	
STREET ADDRESS	1770 N BETTY LANE #309	1.3 STREET ADDRESS	1303 S. Herculas Ave #32	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34624	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CAVANAGH, MRS. DONNA C	2.2 NAME		
STREET ADDRESS	731 W EMMA STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, RICHARD P.	3.2 NAME		
STREET ADDRESS	401 ROSERY RD., #832	3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, MRS. SOPHIA T.	4.2 NAME		
STREET ADDRESS	401 ROSERY RD., #832	4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FUNKHOUSER, MR MORTON L	5.2 NAME		
STREET ADDRESS	3601 EMPEDRADO	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	VPT	6.1 TITLE		☐ Change ☐ Addition
NAME	CAVANAGH, DR. DAVID E.	6.2 NAME		
STREET ADDRESS	731 W EMMA ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Louise R. DOLiveiRA PhD — Jan 31, 1995 — 813-524-1107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048598