FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48427

1. Corporation Name

DOLIVEIRA FOUNDATION, INC.

Principal Place of Business	Mailing Address
1303 S. HERULES AVE # 32 CLEARWATER FL 33764 US	1303 S. HERULES AVE # 32 CLEARWATER FL 33764 US

	2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualifed
21	1915 Seminole Blvd	26		04/14/1992
22	Suite, Apt. #, etc. #52	27	Suite, Apt. #, etc.	4. FEI Number 59-3118271 — Applied For / Not Applicable
23	City & State LARGO, FL	28	City & State	5. Certifcate of Status Desired ☑ — $8.75 Additional Fee Required
24	Zip 33778	25 Country	29 Zip / 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

DOLIVEIRA, DR LOUISE R
1303 S HERCULES AVE,
SUITE 32
CLEARWATER FL 34624

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 1915 Seminole Blvd
83	#52 33778
84	City LARGO 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 *DR Louise R. DoLiveira*   *April 23, 1999*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P**	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME **DOLIVEIRA, DR LOUISE R**		1.2 NAME	
STREET ADDRESS **1303 S HERCULES AVE #32**		1.3 STREET ADDRESS	
CITY-ST-ZIP **CLEARWATER FL**		1.4 CITY-ST-ZIP	Zip
TITLE **D**	☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME **ROBBINS, MRS MARJORIE**		2.2 NAME	DiRECTOR mRs. Louise Davis 5336 Peacock DR
STREET ADDRESS **3450 101ST TERR N**		2.3 STREET ADDRESS	Holiday, FL 34677
CITY-ST-ZIP **PINELLAS PARK FL 33782**		2.4 CITY-ST-ZIP	
TITLE **S**	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **DUNN, MRS. SOPHIA T.**		3.2 NAME	
STREET ADDRESS **401 ROSERY RD., #832**		3.3 STREET ADDRESS	
CITY-ST-ZIP **LARGO FL**		3.4 CITY-ST-ZIP	
TITLE **D**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **FUNKHOUSER, MR MORTON L**		4.2 NAME	
STREET ADDRESS **3601 EMPEDRADO**		4.3 STREET ADDRESS	
CITY-ST-ZIP **TAMPA FL**		4.4 CITY-ST-ZIP	
TITLE **VPT**	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME **CAVANAGH, DR. DAVID E.**		5.2 NAME	
STREET ADDRESS **731 W EMMA ST**		5.3 STREET ADDRESS	
CITY-ST-ZIP **TAMPA FL**		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Louise R. DoLiveira*   727-586-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Louise R. DoLiveira, P