

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000003414

1. Entity Name  
THE FREDERIC A. AND LUCILLE G. DOPPELT FAMILY  
FOUNDATION, INC.



Principal Place of Business  
4830 LOUGHBORO ROAD, NW  
WASHINGTON, DC 20016 US

Mailing Address  
4830 LOUGHBORO ROAD, NW  
WASHINGTON, DC 20016 US



08222007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2071025

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BAND, DAVID S  
240 SOUTH PINEAPPLE AVE.  
10TH FL  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
GRAY, THOMAS  
4830 LOUGHBORO RD, NW  
WASHINGTON, D.C., FL 20016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
GRAY, CAROLYN D  
4830 LOUGHBORO RD., N.W.  
WASHINGTON D.C.,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
GRAY, EMILIE S  
4830 LOUGHBORO RD., N.W.  
WASHINGTON D.C., 20016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000773876  
09/13/07-80003-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/07 (202) 371-6364  
Date Daytime Phone #