

8-6-97 B-8120 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 06 1997 8:00am
Secretary of State

DOCUMENT # N94000003541 (9)

1. Corporation Name

DAWSEY FOUNDATION, INC.



Principal Place of Business

12830 WALLINGFORD DRIVE
TAMPA FL 33623

Mailing Address

12830 WALLINGFORD DRIVE
TAMPA FL 33623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report
08/12/1996

4. FEI Number

59-3260391

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 13003 Lorna PL

2a. Mailing Address

26 13003 Lorna PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip

24 33618

Country

25 U.S.

Zip

29 33618

Country

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAWSEY, LAWRENCE
12830 WALLINGFORD DR.
TAMPA FL 33623

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 D ☐ DELETE
NAME DAWSEY, LAWRENCE
STREET ADDRESS 12830 WALLINGFORD DR.
CITY-ST-ZIP TAMPA FL 33623

TITLE D ☐ DELETE
NAME TAPLIN, LILLY
STREET ADDRESS RT. 4 BOX 311
CITY-ST-ZIP DOTHAN AL 36303

TITLE D ☐ DELETE
NAME GRIFFIN, FLOYD
STREET ADDRESS RT. 4 BOX 311
CITY-ST-ZIP DOTHAN AL 36303

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Lawrence Dawsey
1.3 STREET ADDRESS 13003 Lorna PL
1.4 CITY-ST-ZIP Tampa FL 33618

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 SIGNATURE REQUIRED

7-31-97 813-908-0480

CR2E037 (4/97)