2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006243

Title:

Name:

Address:

City-St-Zip:

h. Nama: THE DOVI E FOLINDATION I

FILED Apr 27, 2005 Secretary of State

Entity Nan	1e: THE DOY	LE FOUNDATION, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
7 STONEG BELLEAIR,	ATE DRIVE FL 33756				
Current Mailing Address:			New Mailing Address:		
SUITE 750	ERTON ROAD TER, FL 3376	2			
FEI Number:	59-3311469	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SUITE 750	I, LISA :RTON ROAD TER, FL 3376	2 US			
The above in the State		ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:				
	Electroni	c Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () DOYLE, DANIEL 7 STONEGATE I BELLEAIR, FL	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DOYLE, ROSAL 7 STONEGATE I BELLEAIR, FL	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DOYLE, DANIEL 3 STONEGATE I BELLEAIR, FL	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () FISHER, FREDE 1019 ROYAL TR	Delete RICK E	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DANIEL M DOYLE D 04/27/2005

() Delete

CARTER, MARGARET D

812 GROVE PARK AVE.

TAMPA, FL 33609

() Change () Addition