

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90025 001 ****61.25

DOCUMENT # N95000005839

1. Corporation Name

THE ROBERT A. DOWLING FOUNDATION, INC.

Principal Place of Business

C/O RAYMOND & RAYMOND, P.A.
1200 N. FEDERAL HIGHWAY #411
BOCA RATON FL 33432

Mailing Address

C/O RAYMOND & RAYMOND, P.A.
1200 N. FEDERAL HIGHWAY #411
BOCA RATON FL 33432



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/08/1995

4. FEI Number

65-0641756

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

9. Name and Address of Current Registered Agent

RAYMOND, JOHN J JR
1200 N. FEDERAL HIGHWAY #411
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81

Name

Philip H. Forbes

82

Street Address (P.O. Box Number is Not Acceptable)

1200 N. Federal Highway

83

Suite 411

84

City

Boca Raton

FL

85 Zip Code

33432

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DOWLING, ROBERT A

STREET ADDRESS 3001 COUNTRY CLUB BLVD. APT. 511

CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☐ DELETE

NAME THOMAS, WAYNE S.

STREET ADDRESS PATELCO, BOX 240

CITY-ST-ZIP ROTTERDAM JCT. NY 12150-0249

TITLE STD ☐ DELETE

NAME RAYMOND, JOHN J JR

STREET ADDRESS 1200 N. FEDERAL HWY. #411

CITY-ST-ZIP BOCA RATON FL 33432

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-99 954-570-5506

Date

Daytime Phone #

CR2E037 (11/98)