2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005839

1. Entity Name
THE ROBERT A. DOWLING FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O BUTZEL LONG 1200 N. FEDERAL HIGHWAY SUITE 420 BOCA RATON, FL 33432	C/O BUTZEL LONG 1200 N. FEDERAL HIGHWAY SUITE 420 BOCA RATON, FL 33432

01272005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0641756
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J ESQ.
BUTZEL LONG 1200 N. FEDERAL HWY STE 420
BOCA RATON, FL 33432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOWLING, ROBERT A
STREET ADDRESS	3001 COUNTRY CLUB BLVD. APT. 511
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	THOMAS, WAYNE S
STREET ADDRESS	PATELCO, BOX 240
CITY-ST-ZIP	ROTTERDAM JCT., NY 121500249
TITLE	STD
NAME	RAYMOND, JOHN J JR
STREET ADDRESS	1200 N FEDERAL HWY SUITE 420
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/05-80020-018 61.25

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12. 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 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: Robert A Dowling 2-10-05 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #