2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005839 THE ROBERT A. DOWLING FOUNDATION, INC.



FILED Feb 20, 2006 8:00 am Secretary of State

02-20-2006 90032 023 ****61.25

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Principal Place of Business C/O BUTZEL LONG 1200 N. FEDERAL HIGHWAY SUITE 420 BOCA RATON, FL 33432			Mailing Address C/O BUTZEL LONG 1200 N. FEDERAL HIGHWAY SUITE 420 BOCA RATON, FL 33432				18906	 		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02152006	Chg-NP	CR2E0	37 (11/05)	
City & State			City & State			4. FEI Number 65-06417	756	-		oplied For
Zip Country		Zip	Cou	intry	5. Certificate of	Status Desired		\$8.75 Add	itional	
	6. Name	and Address of Current R	egistered Agent		1	7. Name and A	ddress of New R	egistered	Agent	
RAYMONI	D. JOHN J	FSO			Name					,
	ONG 1200	N. FEDERAL HWY S	STE 420) Street Address (s Not Acceptable	9)		
					0''				15.0	
				City				FL	Zip Cod	9
	named entity tions of regist		the purpose of changing its i	registere	ed office or regis	tered agent, or both,	in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE	300		d title if applicable	, Description		en an ann an an an an	9 i 4	DATE		
	Signature, typeu	or printed haine of registered agent an	d tide ii applicable.	. negistered		ired when reinstaung)	1	DATE		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution:		\$5.00 May Be Added to Fees			k payable t		
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHAN	IGES TO OFFICE	RS AND D	IRECTORS IN	10 -
TITLE	PD	•	☐ Delete	TITLE					(P) Change	☐ Addition
NAME	DOWLING	, ROBERT A		NAM	E Do	WLING, RO	OBERT A		,	
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12. I hereby certify that the information supplied with this filling 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.

MARY ALICE UNDERWOOD SIGNATURE: Mary Alice Lunderwood MARY ALICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR POA