


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000005839	
1. Entity Name THE ROBERT A. DOWLING FOUNDATION, INC.	

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
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DO NOT WRITE IN THIS SPACE

02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0641756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating)

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME DOWLING, ROBERT A
STREET ADDRESS C/O 101 SE 6TH AVE STE A	CITY- ST- ZIP DELRAY BEACH, FL 33483
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

DO NOT WRITE IN THIS SPACE

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03/05/08-80002-022-61-25

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Mary Alice Underwood **MARY ALICE UNDERWOOD** 4/18/08 561-276-3821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #