

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005839

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

C/O BUTZEL LONG
1200 N. FEDERAL HIGHWAY SUITE 420
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

C/O BUTZEL LONG
1200 N. FEDERAL HIGHWAY SUITE 420
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0641756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE:

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOWLING, ROBERT A
Address: C/O 101 SE 6TH AVE STE A
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: THOMAS, WAYNE S
Address: PATELCO, BOX 240
City-St-Zip: ROTTERDAM JCT., NY 121500249

Title: STD () Delete
Name: RAYMOND, JOHN J JR
Address: 1200 N FEDERAL HWY SUITE 420
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MARY ALICE UNDERWOOD, POA

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date