

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90017 007 ****61.25

DOCUMENT # N97000007024
1. Entity Name
THE GENEVIEVE LYKES DIMMITT FOUNDATION, INC.



Principal Place of Business Mailing Address
25485 U.S. HIGHWAY 19 NORTH **25485 U.S. HIGHWAY 19 NORTH**
CLEARWATER FL 33763 **CLEARWATER FL 33763**

00004638



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-3485977** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIMMITT, GENEVIEVE L
25485 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33763

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DIMMITT, GENEVIEVE L	
STREET ADDRESS	25485 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIMMITT, MALLORY L	
STREET ADDRESS	25485 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIMMITT, LAWRENCE H III	
STREET ADDRESS	25485 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIMMITT, ELIZABETH L.	
STREET ADDRESS	25485 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *S Genevieve Lykes Dimmitt* 1/3/03 727-791-1818

CR2E037 (10/02)