


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N98000000318 1. Entity Name DODT FAMILY FOUNDATION, INC.	
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Principal Place of Business 2395LANDINGS CIRCLE BRADENTON, FL 34209	Mailing Address 2395LANDINGS CIRCLE BRADENTON, FL 34209
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DO NOT WRITE IN THIS SPACE



02282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0812002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HARRISON, GEORGE H
1206 MANATEE AVE. W.
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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 _____

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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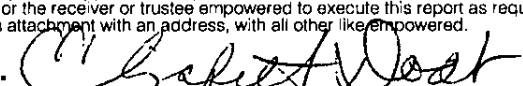
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DODT, ELIZABETH B 2395 LANDINGS CIRCLE BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW, THERESA 1226 BRYN MAWR ST. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTLEY, JENNIFER 2154 RADCLIFFE DRIVE ATLANTA, GA 30318
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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03/13/08-80040-013 61.25

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IN THIS SPACE**

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:  **2/28/08** **(941) 792-0584**

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