

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9800003839 1. Corporation Name

DUNN FAMILY FOUNDATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

1200 N FEDERAL HWY STE 411 **BOCA RATON FL 33432**

1200 N FEDERAL HWY STE 411 BOCA RATON FL 33432

FILED Apr 15, 1999 8:00 am § Secretary of State

04-15-1999 90028 031 ****61.25



3. Date incorporated or Qualifed

2. Principal P	al Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed				
21	· · · · · · · · · · · · · · · · · · ·	26			06/30/1998			
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.			·	4. FEI Number	1	. 	lied For
22	<u> </u>	27			65-08981	<u> </u>		Applicable
City & Stat	e	City & State			5. Certifcate of Status Desired		\$8.75 A Fee Rec	
Zip	Country	ry Zip			6. Election Campaign Financing S5.00 M Trust Fund Contribution Added to		•	
24	25	11	1		10. Name and Address of New	Registered		
	9. Name and Address of Current	Kegisteren Agent	81	Name	Training distribution of the state of the st	110 8/10101		
RAYMOND, JOHN J SR				Street Addr	ess (P.O. Box Number is Not Accep	otable)		
1200 N FEDERAL HWY STE 411								
BOCA RATON FL 33432						·		
,				City	,	FL	85 Zip C	ode
44 5	to the provisions of Sections 617.0502		the char	nomed co-	oration submits this statement for th		changing its:	registered
office or r	egistered agent, or both, in the State of	f Florida. Such change was autt	horized by	the corporatio	on's board of directors. I hereby acc	ept the appoi	ntment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	la Statutes.					
SIGNATURE						DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agen	r signature require	d when reinstating) ADDITIONS/CHANGES TO C		ID DIRECTO	RS IN 12
	,,, ,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	DELETE	1.1 TITLE	$\overline{}$			Change	Addition
TITLE	PD IOUN LCD		1.2 NAME					
NAME	RAYMOND, JOHN J SR				•			
STREET ADDRESS	1200 N FEDERAL HWY STE 411	•	1.3 STREET	1				
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST	r-ZIP			☐ Change	Addition
TITLE	TSD	☐ DELETE	2.1 TITLE				Change	
NAME	RAYMOND, ROSEMARY J		2.2 NAME					
STREET ADDRESS	,		2.3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-S	T-ZiP		<u>-</u>		
TITLE	VD	☐ DELETE	3.1 TTTLE				Change	Addition
NAME	RAYMOND, JOHN J JR		3.2 NAME					
STREET ADDRESS	1200 N FEDERAL HWY STE 411		3.3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432		3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			,	Change	Addition
NAME	•		4. 2 NAME					
STREET ADDRESS	,		4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-\$	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP	.,		5.4 CITY-S	r-zip				
TITLE		☐ DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME			6.2 NAME		. '			
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	r-ZIP			1	
4.4	I certify that the information supplied with	this filing does not qualify for the			Section 119 07/3\(i) Florida Statute	I further cer	tify that the in	formation

on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered